

# Massachusetts Hospital Profiles

Data Through Fiscal  
Year 2019

March 2021



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## EXECUTIVE SUMMARY:

# FY 2019 MASSACHUSETTS HOSPITAL PROFILES

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### Introduction

The FY 2019 Massachusetts Hospital Profiles provide descriptive and comparative information on acute and non-acute hospitals based on hospital characteristics, services, payer mix, utilization trends, cost trends, financial performance, and quality over a five-year period.

The FY 2019 publication includes an individual profile for each acute hospital, a consolidated profile for each non-acute hospital cohort, and a comprehensive [databook](#). Additionally, this publication includes an [interactive dashboard](#) for all acute hospitals. The interactive dashboard allows users to select data views by individual hospital, hospital type, and hospital health system. This executive summary focuses on statewide findings. Aggregate and provider-specific results can be found in individual hospital profiles and the interactive dashboard on CHIA's website.\*

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\* The executive summary includes thumbnails of the charts referenced throughout, which link to the full version of the chart in the interactive report for easier viewing.



In FY 2019, there were 61 acute care hospitals in Massachusetts. Of these 61 hospitals, 12 were for-profit hospitals, all of which were part of a multi-acute hospital system. There were 49 non-profit hospitals in Massachusetts, 35 of which are components of a larger multi-acute system, and 14 of which are components of an individual hospital system (see [interactive chart A](#)).

## Hospital Utilization

Inpatient hospitalizations are frequently categorized into Diagnosis Related Groups (DRGs), which quantify the predicted resources required to provide care to patients with different medical conditions. Consistent with previous years, the most frequently occurring DRG in Massachusetts was normal neonate births. The community-HPP cohort, which includes the most hospitals, treated the greatest share of patients for eight of the 10 discharges among hospital cohorts ([see interactive chart B](#)).

Statewide outpatient visits increased by 3.7% between FY 2018 and FY 2019. The AMC cohort experienced the greatest increase in outpatient visits at 7.7% during this time period. Emergency department visits increased slightly between FY 2018 and FY 2019. The AMC and teaching hospital cohorts saw an increase, while the community and community-HPP cohorts experienced a decrease.

Click images to see the detailed graphic and the full interactive report.

## Hospital Commercial Price

Relative price is a calculated measure that compares different provider prices within a payer's network for a standard mix of insurance products to the average of all providers' prices in the network. Statewide relative price (S-RP) is a consolidated cross payer measure of commercial payer relative price levels. Based on the CY 2018 S-RP analysis, AMCs had the highest median commercial relative price at 1.22. The community-HPP cohort had the lowest average commercial relative price at 0.87. Community hospitals had the highest variation in S-RP within a cohort, although much of the variation was driven by high relative prices at a small number of geographically isolated hospitals (see interactive chart C).

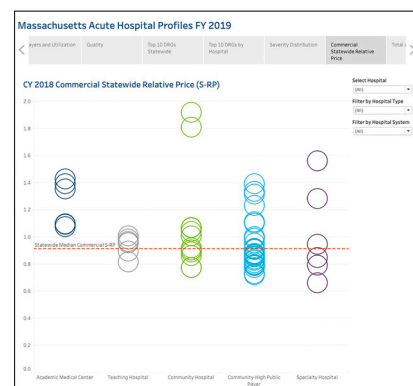
## Hospital Financial Performance

Total margin reflects the excess of total revenues over total expenses, including operating and non-operating activities, such as investment income, as a percentage of total revenue. The acute hospital statewide median total margin was 3.5%, a decrease of 1.0 percentage points between 2018 and 2019. The Academic Medical Center and community-HPP cohorts experienced a decrease in total margin, while the teaching hospital and community hospital cohorts increased. The community hospital cohort experienced the largest change in total margin, an increase of 3.5 percentage points.

Operating margin reflects the excess of operating revenues over operating expenses. The statewide acute hospital median operating margin of 2.5% represented a decrease of 0.2 percentage points from the prior year. The community-HPP cohort experienced a decrease in median operating margin, while the teaching hospital and community hospital cohorts increased. The AMC cohort remained stable. The teaching hospital cohort had the most significant change in median operating margin, an increase of 3.5 percentage points.

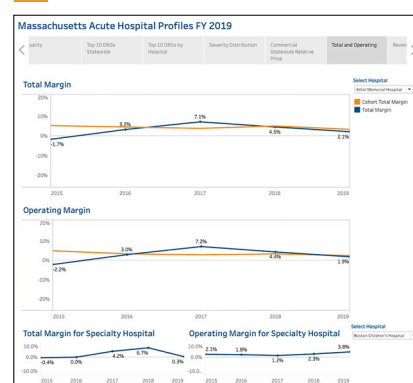
The financial performance of hospital health systems is important to understanding the greater context in which hospitals operate. For more information about the financial performance of hospital health systems, please see the FY 2019 Massachusetts Acute Hospital and Health System Financial Performance Report [here](#).

### C Commercial Statewide Relative Price



Click images to see the detailed graphic and the full interactive report.

### D Financial Data



Click images to see the detailed graphic and the full interactive report.

For more information, please contact:



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# INTRODUCTION TO ACUTE HOSPITAL PROFILES

An **acute hospital** is a hospital that is licensed by the Massachusetts Department of Public Health, which contains a majority of medical-surgical, pediatric, obstetric, and maternity beds.

Hospitals are categorized in five types—Academic Medical Centers (AMCs), teaching hospitals, community hospitals, community-High Public Payer (HPP) hospitals, and specialty hospitals. For analytical purposes, AMCs, teaching hospitals, community hospitals, and community-HPP hospitals are also considered cohorts. Specialty hospitals are not considered a cohort, due to their unique patient populations and services. For FY19, there were six AMCs, seven teaching hospitals, 12 community hospitals, and 30 community-HPP hospitals. There are six specialty hospitals.

**Academic Medical Centers (AMCs)** are a subset of teaching hospitals. AMCs are characterized by extensive research and teaching programs, comprehensive resources for tertiary and quaternary care, being principal teaching hospitals for their respective medical schools, and being full service hospitals with case mix intensity greater than 5% above the statewide average.

## AMC Cohort ..... page A1

Beth Israel Deaconess Medical Center	Massachusetts General Hospital
Boston Medical Center	Tufts Medical Center
Brigham and Women's Hospital	UMass Memorial Medical Center

**Teaching hospitals** are hospitals that report at least 25 full-time equivalent medical school residents per 100 inpatient beds in accordance with the Medicare Payment Advisory Commission (MedPAC) and are not classified as AMCs.

## Teaching Cohort ..... page A7

Baystate Medical Center	Saint Vincent Hospital
Cambridge Health Alliance	Steward Carney Hospital
Lahey Hospital & Medical Center	Steward St. Elizabeth's Medical Center
Mount Auburn Hospital	

**Community hospitals** are hospitals that do not meet the MedPAC definition to be classified as teaching hospitals and have a public payer mix of less than 63%.

## Community Hospital Cohort ..... page A14

Anna Jaques Hospital	Martha's Vineyard Hospital
Beth Israel Deaconess Hospital - Milton	Milford Regional Medical Center
Beth Israel Deaconess Hospital - Needham	Nantucket Cottage Hospital
Brigham and Women's Faulkner Hospital	Newton-Wellesley Hospital
Cooley Dickinson Hospital	South Shore Hospital
Emerson Hospital	Winchester Hospital

**Community-High Public Payer (HPP)** hospitals are community hospitals that have 63% or greater of Gross Patient Service Revenue (GPSR) attributable to Medicare, MassHealth, and other government payers, including the Health Safety Net.

## Community-High Public Payer (HPP) Cohort ..... page A26

Athol Hospital	MelroseWakefield Hospital
Baystate Franklin Medical Center	Mercy Medical Center
Baystate Noble Hospital	MetroWest Medical Center
Baystate Wing Hospital	Morton Hospital, A Steward Family Hospital
Berkshire Medical Center	Nashoba Valley Medical Center, A Steward Family Hospital
Beth Israel Deaconess Hospital - Plymouth	North Shore Medical Center
Cape Cod Hospital	Northeast Hospital
Fairview Hospital	Signature Healthcare Brockton Hospital
Falmouth Hospital	Southcoast Hospitals Group
Harrington Memorial Hospital	Steward Good Samaritan Medical Center
HealthAlliance-Clinton Hospital	Steward Holy Family Hospital
Heywood Hospital	Steward Norwood Hospital
Holyoke Medical Center	Steward Saint Anne's Hospital
Lawrence General Hospital	Sturdy Memorial Hospital
Lowell General Hospital	
Marlborough Hospital	

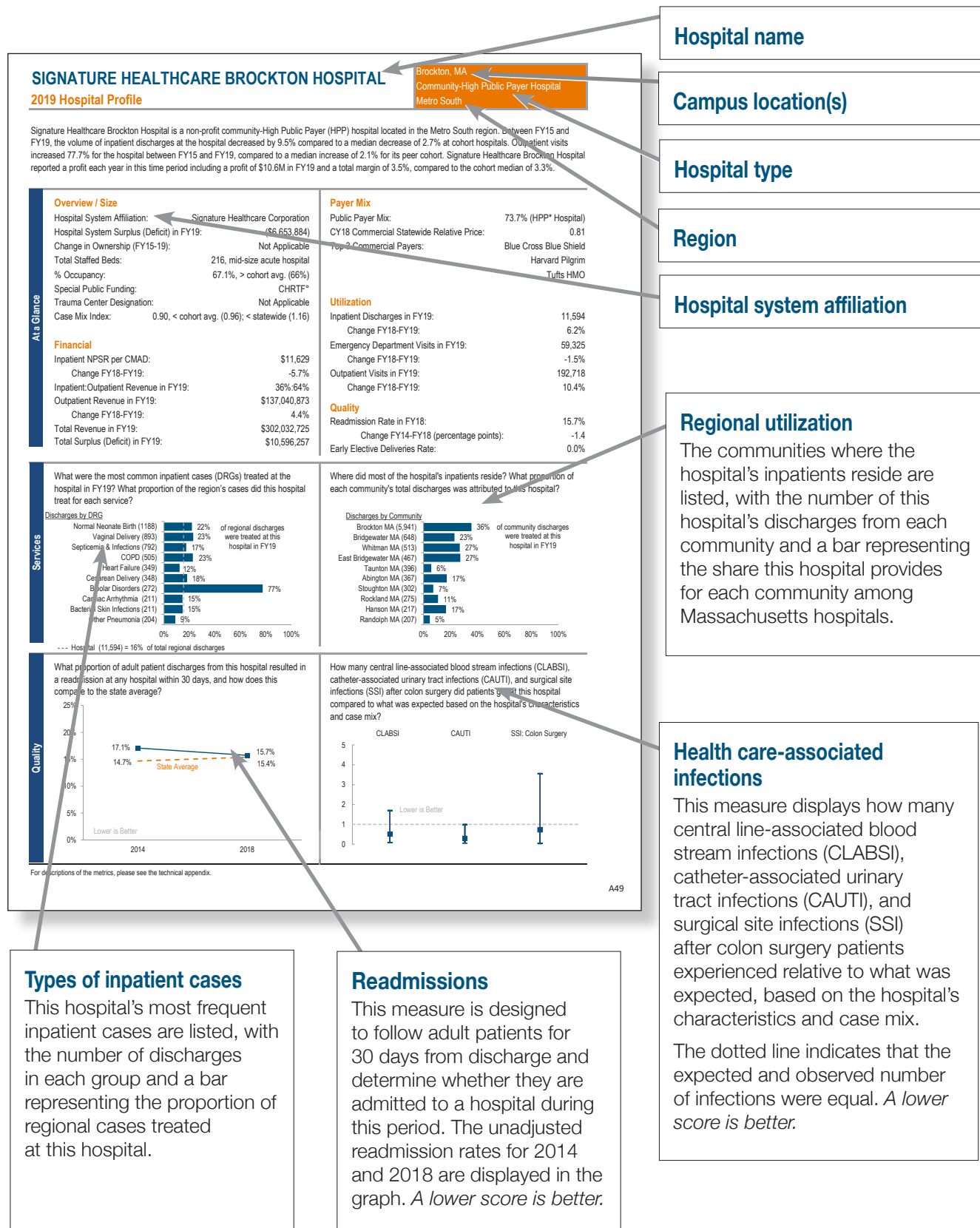
**Specialty hospitals** are not considered a cohort for comparison and analysis due to the unique patient populations they serve and/or the unique sets of services they provide. Specialty hospitals may be included in statewide analyses.

## Specialty Hospitals ..... page A56

Boston Children's Hospital	New England Baptist Hospital
Dana-Farber Cancer Institute	Shriners Hospitals for Children - Boston
Massachusetts Eye and Ear Infirmary	Shriners Hospitals for Children - Springfield

# HOW TO READ ACUTE HOSPITAL PROFILES – FISCAL YEAR 2019

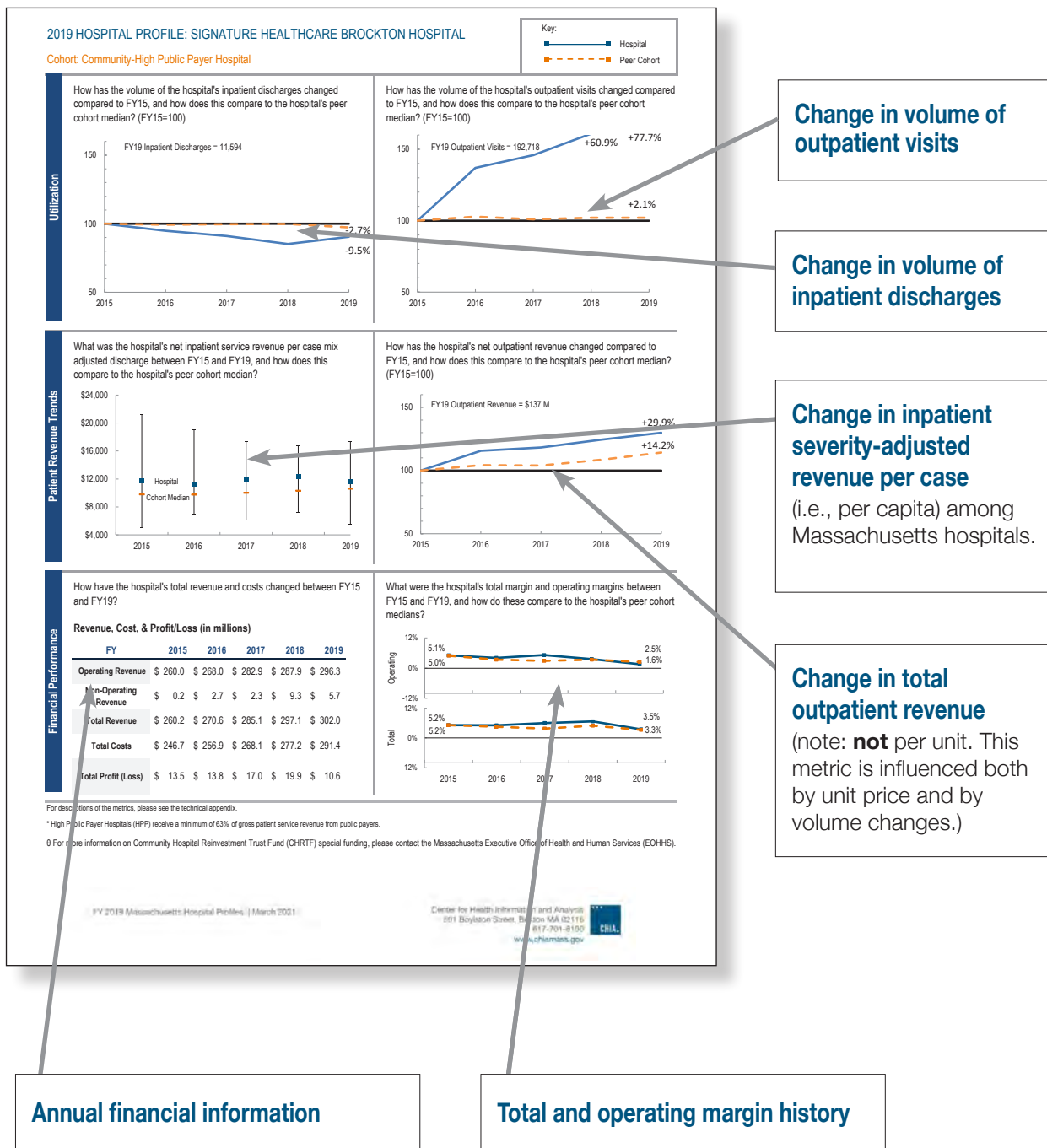
This sheet provides a brief introduction to the metrics on the acute hospital profiles. Definitions and notes on all metrics are available in the [technical appendix](#)



# HOW TO READ ACUTE HOSPITAL PROFILES – FISCAL YEAR 2019

Each of the first four graphs compares trends at the featured hospital (in blue) to the trend among the peer cohort hospitals (in orange). Both trends are anchored at 100 to emphasize recent changes. The labeled points are cumulative over the time period.

Absolute differences between the hospital and the cohort cannot be read from these graphs, but are available in the data supplement to these reports.



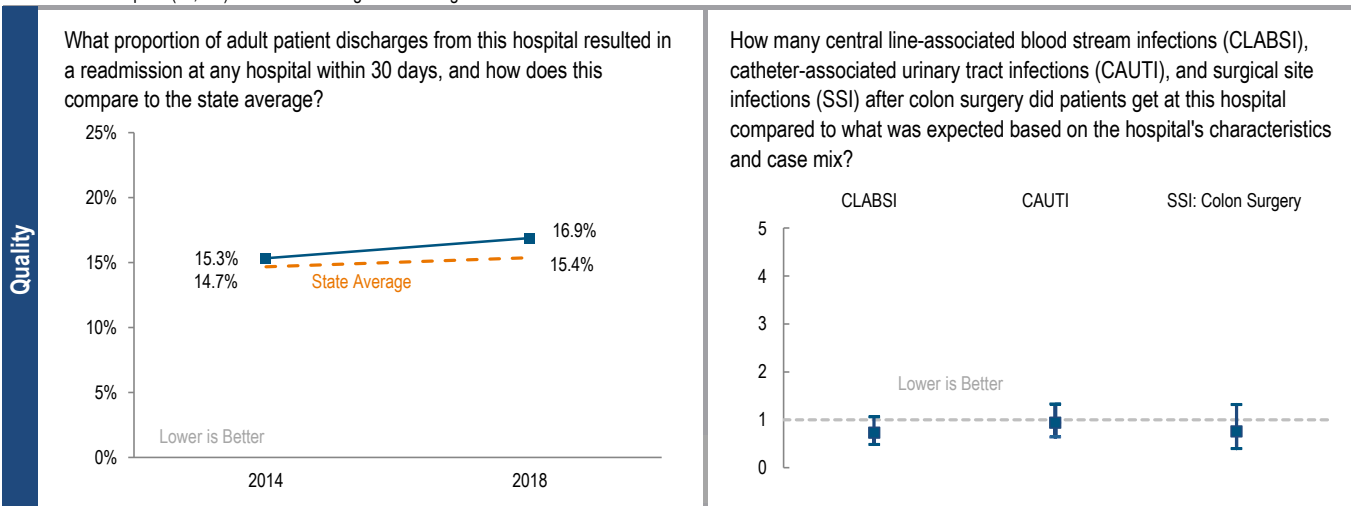
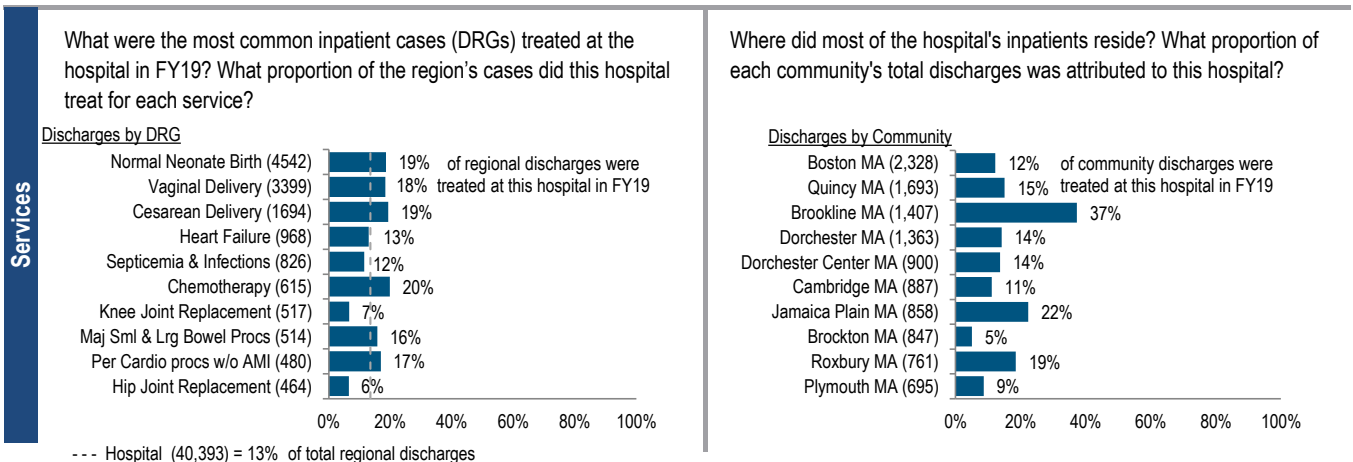
# BETH ISRAEL DEACONESS MEDICAL CENTER

## 2019 Hospital Profile

Boston, MA  
Academic Medical Center  
Metro Boston

Beth Israel Deaconess Medical Center (BIDMC) is a large, non-profit academic medical center (AMC) located in the Metro Boston region. At 720 inpatient beds, it is the largest member of Beth Israel Lahey Health. It is one of nine organ transplant centers in Massachusetts. Between FY15 and FY19, the volume of inpatient discharges at the hospital increased by 2.9% compared to a median increase of 1.9% at AMCs. Outpatient visits increased 14.6% for the hospital between FY15 and FY19, compared to a median increase of 13.1% at AMCs. It earned a profit each year from FY15 to FY19, with a 2.2% total margin in FY19 compared to the AMC median total margin of 3.1%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Beth Israel Lahey Health
	Hospital System Surplus (Deficit) in FY19:	\$102,634,000
	Change in Ownership (FY15-19):	Beth Israel Lahey Health 3/1/19
	Total Staffed Beds:	720, 5th largest acute hospital
	% Occupancy:	90.3%, > cohort avg. (88%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Adult: Level 1
	Case Mix Index:	1.45, < cohort avg. (1.56); > statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$13,644
	Change FY18-FY19:	-1.7%
	Inpatient:Outpatient Revenue in FY19:	39%:61%
	Outpatient Revenue in FY19:	\$637,244,152
	Change FY18-FY19:	8.4%
	Total Revenue in FY19:	\$1,129,857,000
	Total Surplus (Deficit) in FY19:	\$24,618,000
	<b>Payer Mix</b>	
	Public Payer Mix:	56.0% (Non-HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	1.07
	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	40,393
	Change FY18-FY19:	-0.2%
	Emergency Department Visits in FY19:	75,442
	Change FY18-FY19:	-0.6%
	Outpatient Visits in FY19:	742,287
	Change FY18-FY19:	1.3%
	<b>Quality</b>	
	Readmission Rate in FY18:	16.9%
	Change FY14-FY18 (percentage points):	1.5
	Early Elective Deliveries Rate:	4.5%



For descriptions of the metrics, please see the technical appendix.



# 2019 HOSPITAL PROFILE: BETH ISRAEL DEACONESS MEDICAL CENTER

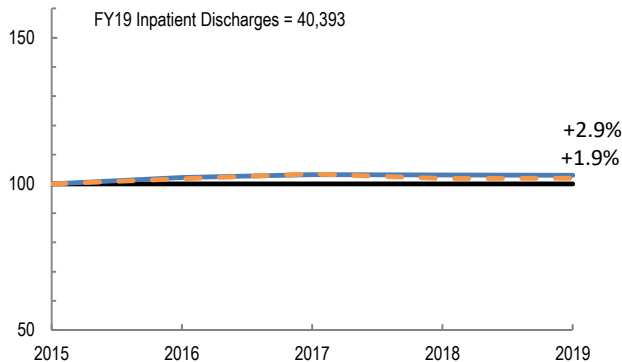
Cohort: Academic Medical Center

Key:

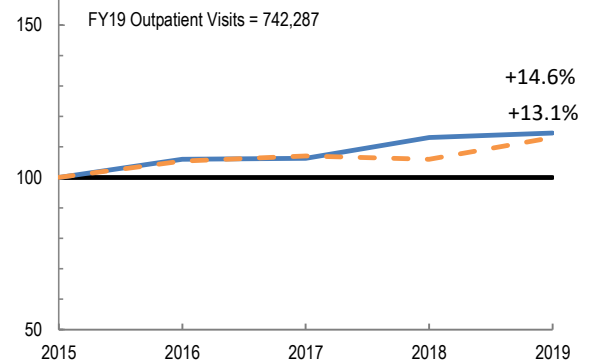


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

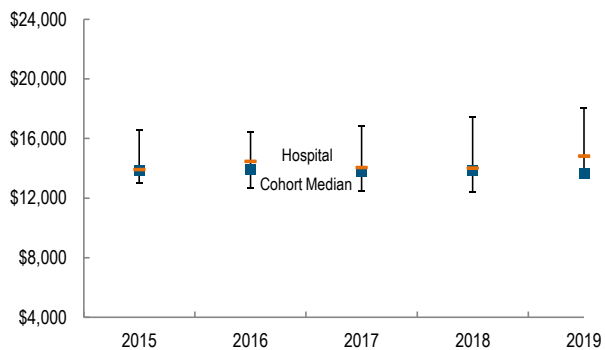


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

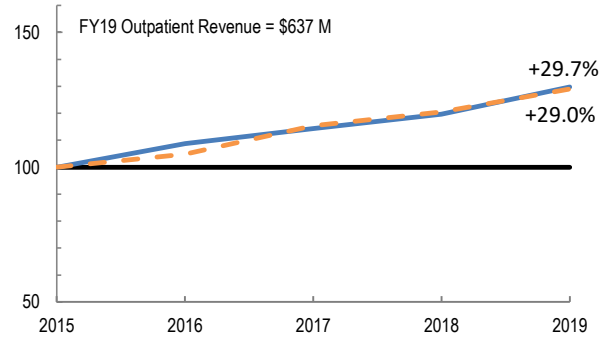


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



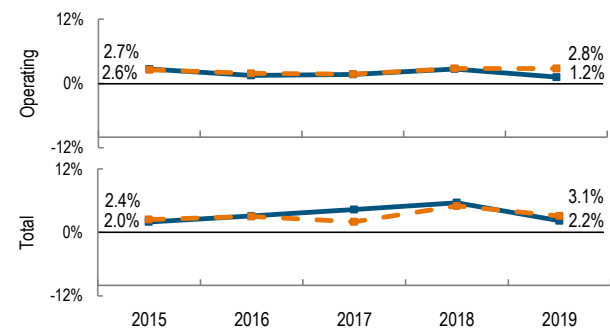
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

Revenue, Cost, & Profit/Loss (in millions)\*\*

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 1,518	\$ 1,595	\$ 1,688	\$ 1,819	\$ 1,118
<b>Non-Operating Revenue</b>	\$ (11.2)	\$ 25.1	\$ 44.5	\$ 52.6	\$ 11.5
<b>Total Revenue</b>	\$ 1,507	\$ 1,620	\$ 1,733	\$ 1,871	\$ 1,130
<b>Total Costs</b>	\$ 1,477	\$ 1,571	\$ 1,658	\$ 1,767	\$ 1,105
<b>Total Profit (Loss)</b>	\$ 29.7	\$ 49.8	\$ 74.6	\$ 103.9	\$ 24.6

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

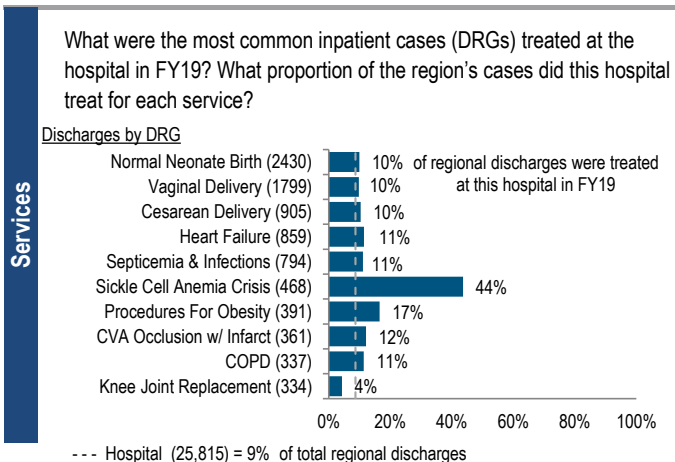
† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\*\* FY19 Data reflects the seven months of data after the merger of Beth Israel Lahey Health.

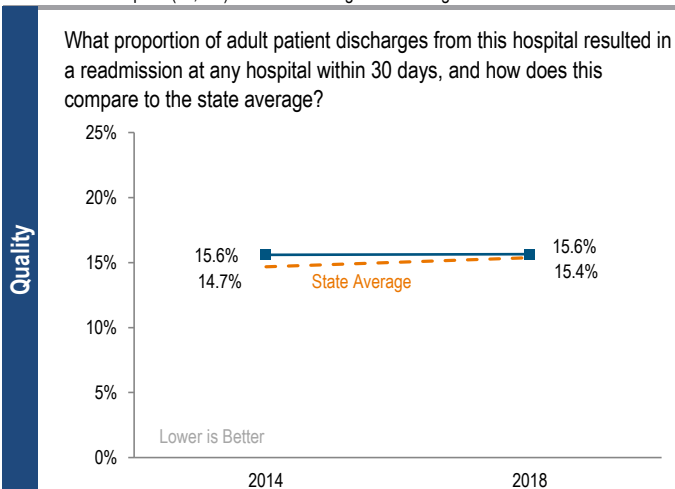
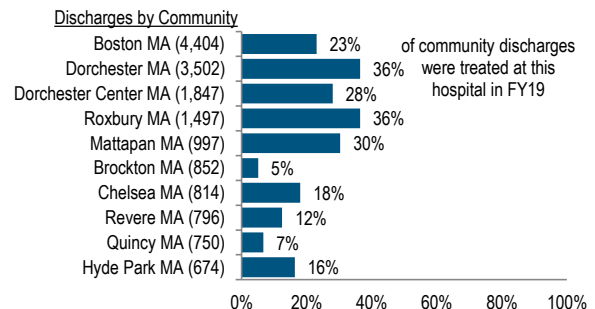


Boston Medical Center (BMC) is a large, non-profit academic medical center (AMC) located in the Metro Boston region. BMC is a teaching hospital of Boston University School of Medicine. It also qualifies as a High Public Payer (HPP) hospital. It is the state's eighth-largest hospital, and one of nine organ transplant centers in Massachusetts. Between FY15 and FY19, the volume of inpatient discharges increased by 4.1% compared to a median increase of 1.9%. Outpatient visits increased by 22.8% between FY15 and FY19, compared to a median increase of 13.1%. In FY19, BMC reported a profit of \$36.7M and a total margin of 2.2% compared to its peer cohort median of 3.1%.

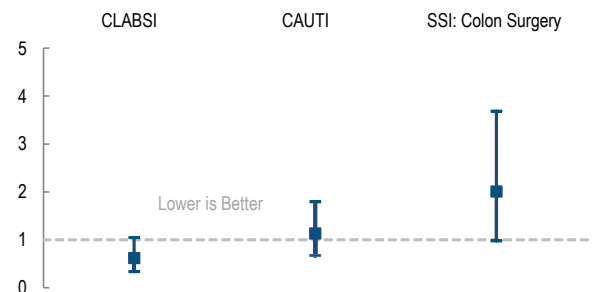
At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Boston Medical Center Health System
	Hospital System Surplus (Deficit) in FY19:	\$42,108,000
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	420, 8th largest acute hospital
	% Occupancy:	92.2%, > cohort avg. (88%)
	Special Public Funding:	HCII <sup>1</sup>
	Trauma Center Designation:	Adult: Level 1, Pedi: Level 2
	Case Mix Index:	1.29, < cohort avg. (1.56); > statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$14,234
	Change FY18-FY19:	3.5%
	Inpatient:Outpatient Revenue in FY19:	27%:73%
	Outpatient Revenue in FY19:	\$832,048,920
	Change FY18-FY19:	6.5%
	Total Revenue in FY19:	\$1,687,944,000
	Total Surplus (Deficit) in FY19:	\$36,720,000
	<b>Payer Mix</b>	
	Public Payer Mix:	75.6% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	1.35
	Top 3 Commercial Payers:	BMCHP Blue Cross Blue Shield Harvard Pilgrim
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	25,815
	Change FY18-FY19:	-2.2%
	Emergency Department Visits in FY19:	169,045
	Change FY18-FY19:	29.9%
	Outpatient Visits in FY19:	1,925,880
	Change FY18-FY19:	21.8%
	<b>Quality</b>	
	Readmission Rate in FY18:	15.6%
	Change FY14-FY18 (percentage points):	0.1
	Early Elective Deliveries Rate:	0.0%



Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



# 2019 HOSPITAL PROFILE: BOSTON MEDICAL CENTER

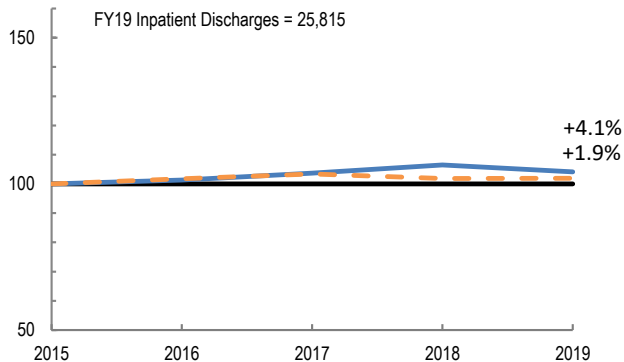
Cohort: Academic Medical Center

Key:

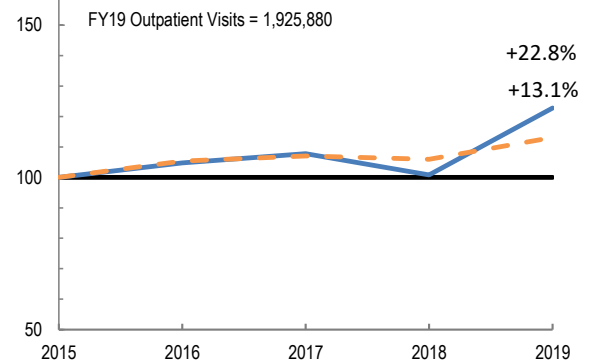
— Hospital  
- - - Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

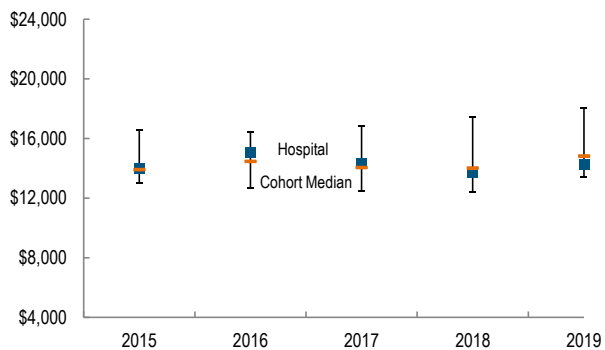


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

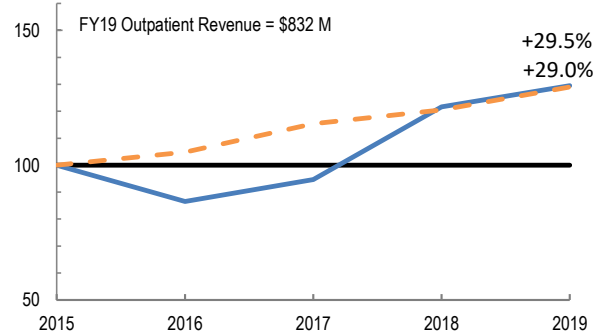


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



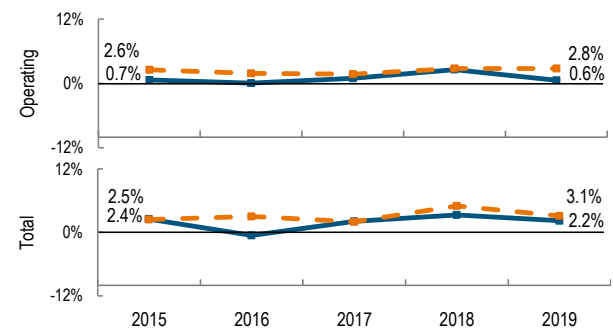
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 1,137	\$ 1,243	\$ 1,326	\$ 1,481	\$ 1,662
<b>Non-Operating Revenue</b>	\$ 21.7	\$ (9.4)	\$ 15.8	\$ 11.2	\$ 26.1
<b>Total Revenue</b>	\$ 1,159	\$ 1,233	\$ 1,342	\$ 1,493	\$ 1,688
<b>Total Costs</b>	\$ 1,130	\$ 1,241	\$ 1,313	\$ 1,443	\$ 1,651
<b>Total Profit (Loss)</b>	\$ 29.3	\$ (7.6)	\$ 28.6	\$ 49.4	\$ 36.7

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



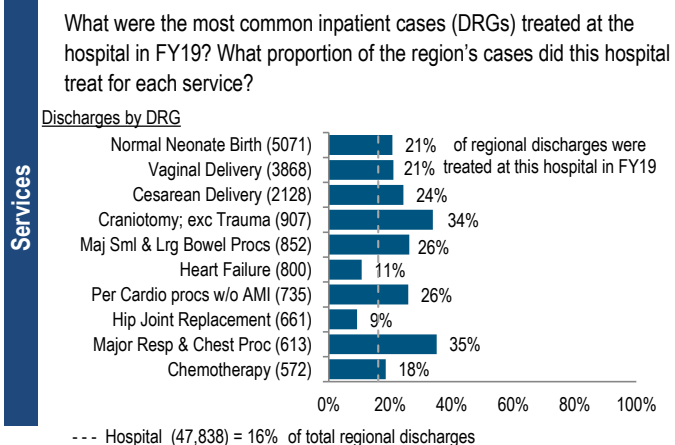
For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

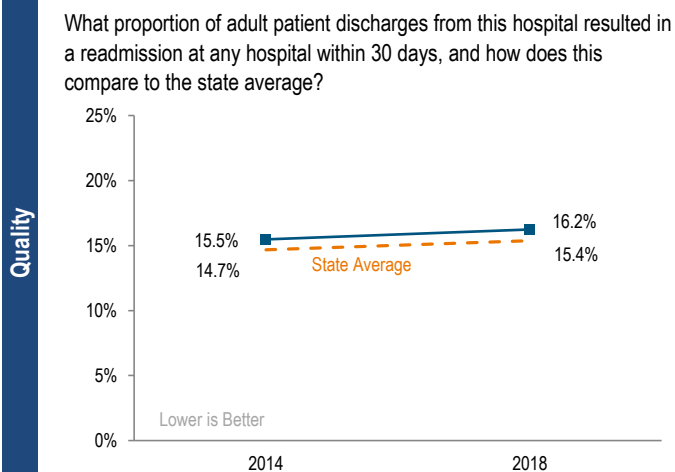
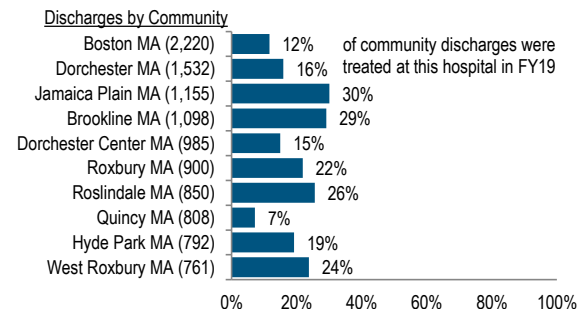
η For more information on Health Care Innovation Investment Program (HCII) special funding, please contact the Health Policy Commission (HPC).

Brigham and Women's Hospital is a non-profit academic medical center (AMC) located in the Metro Boston region. At 888 staffed beds, it is the second-largest hospital in Massachusetts and one of nine organ transplant centers in the state. It is a member of Partners Health Care. Between FY15 and FY19, the volume of inpatient discharges at the hospital increased by 4.5% compared to a median increase of 1.9% at AMCs. Outpatient visits increased 81.6% for the hospital between FY15 and FY19, compared to a median increase of 13.1% at AMCs. It earned a profit each year from FY15 to FY19, with a 7.0% total margin in FY19 compared to the AMC median total margin of 3.1%.

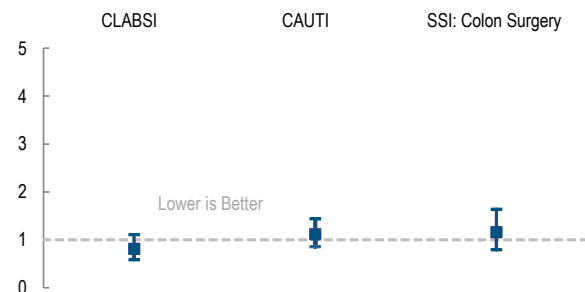
At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Partners Health Care
	Hospital System Surplus (Deficit) in FY19:	\$486,164,000
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	888, 2nd largest acute hospital
	% Occupancy:	87.4%, < cohort avg. (88%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Adult: Level 1
	Case Mix Index:	1.67, > cohort avg. (1.56); > statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$18,028
	Change FY18-FY19:	3.6%
	Inpatient:Outpatient Revenue in FY19:	58%:42%
	Outpatient Revenue in FY19:	\$937,155,561
	Change FY18-FY19:	13.0%
	Total Revenue in FY19:	\$3,253,527,000
	Total Surplus (Deficit) in FY19:	\$229,133,000
	<b>Payer Mix</b>	
	Public Payer Mix:	55.7% (Non-HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	1.39
	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim United Healthcare Insurance Company
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	47,838
	Change FY18-FY19:	0.9%
	Emergency Department Visits in FY19:	61,726
	Change FY18-FY19:	3.4%
	Outpatient Visits in FY19:	682,533
	Change FY18-FY19:	2.3%
	<b>Quality</b>	
	Readmission Rate in FY18:	16.2%
	Change FY14-FY18 (percentage points):	0.8
	Early Elective Deliveries Rate:	2.2%



Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



# 2019 HOSPITAL PROFILE: BRIGHAM AND WOMEN'S HOSPITAL

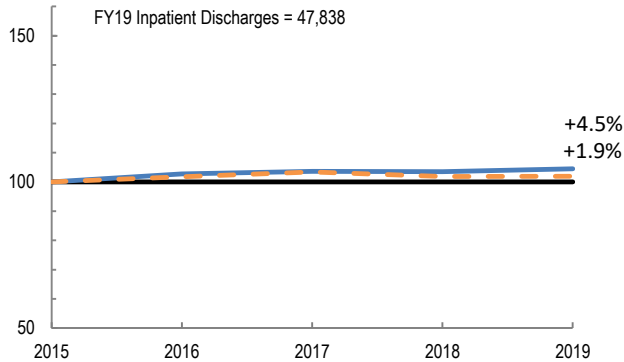
Cohort: Academic Medical Center

Key:

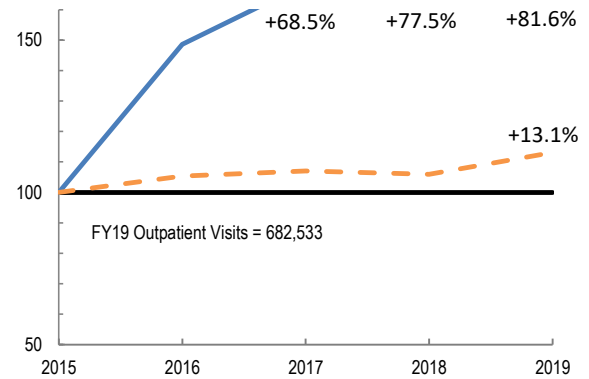


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

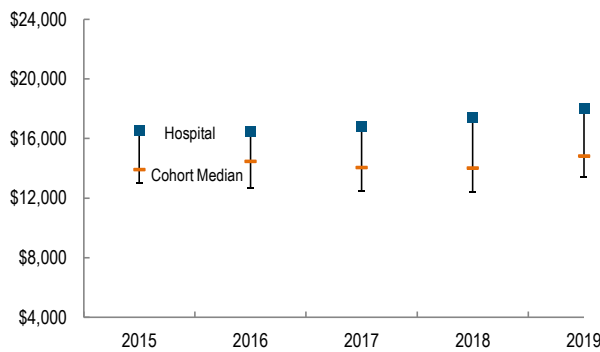


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

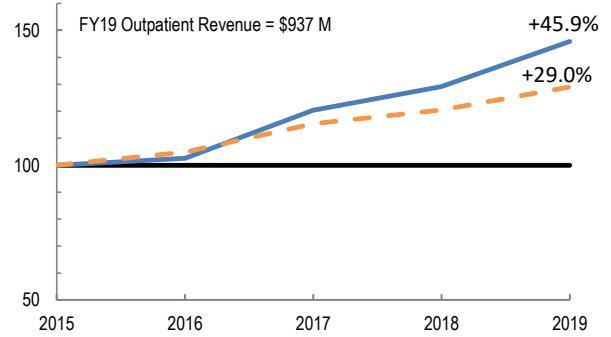


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



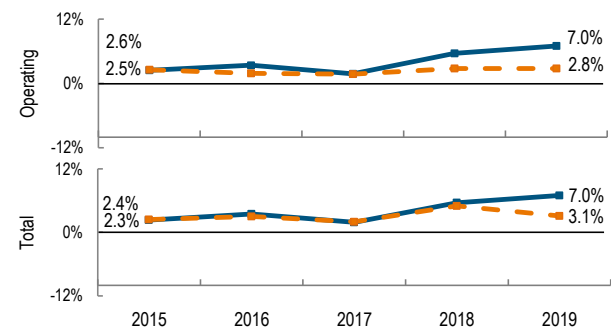
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 2,606	\$ 2,730	\$ 2,936	\$ 3,096	\$ 3,253
<b>Non-Operating Revenue</b>	\$ (3.0)	\$ 1.0	\$ 3.2	\$ (0.7)	\$ 0.7
<b>Total Revenue</b>	\$ 2,603	\$ 2,731	\$ 2,939	\$ 3,096	\$ 3,254
<b>Total Costs</b>	\$ 2,542	\$ 2,637	\$ 2,883	\$ 2,923	\$ 3,024
<b>Total Profit (Loss)</b>	\$ 60.8	\$ 94.4	\$ 55.9	\$ 173.0	\$ 229.1

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?

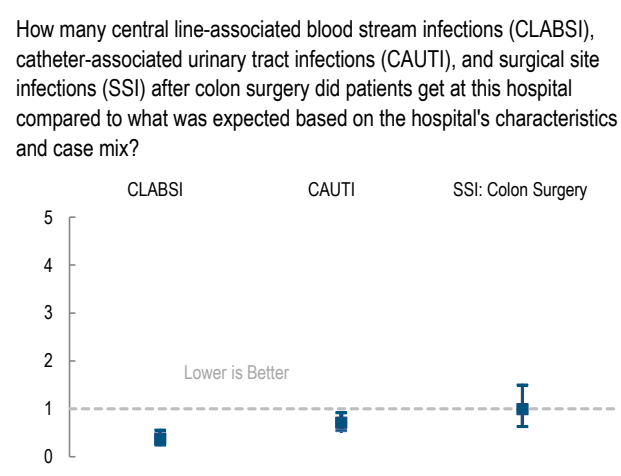
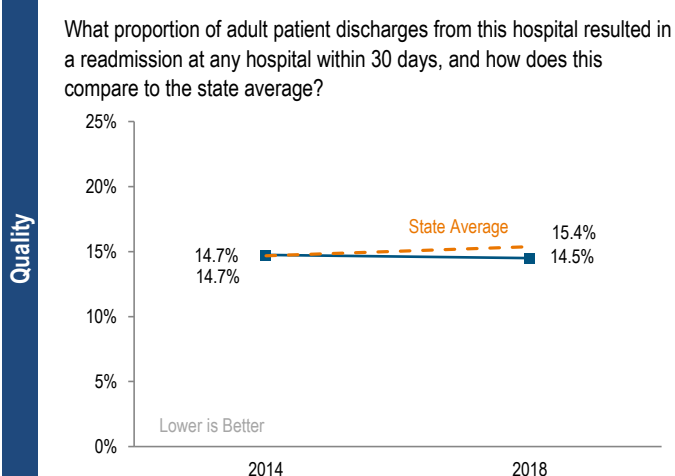
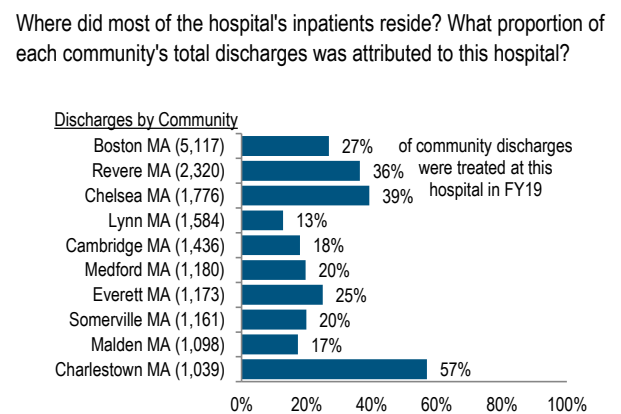
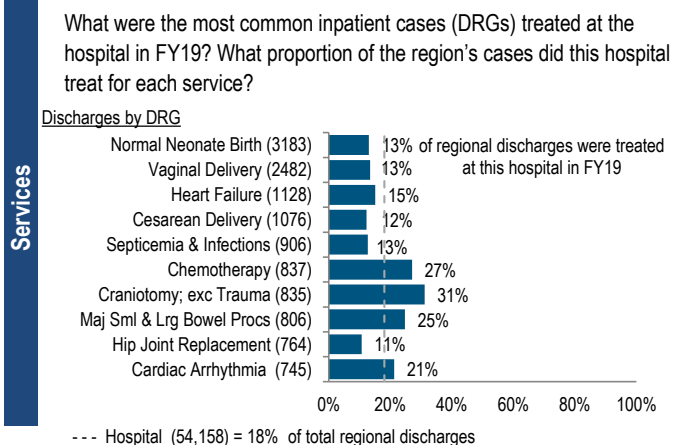


For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Massachusetts General Hospital (MGH) is a non-profit academic medical center (AMC) located in the Metro Boston region. MGH is the oldest and largest hospital in Massachusetts, with 1,080 staffed beds. MGH is a teaching hospital of Harvard Medical School, a member of Partners Health Care, and one of nine organ transplant centers in Massachusetts. The hospital has reported a profit in each of the last 5 years including a \$431.1M profit in FY19 with a 9.6% total margin, higher than the 3.1% median total margin of its peer cohort.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Partners Health Care
	Hospital System Surplus (Deficit) in FY19:	\$486,164,000
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	1,080, largest acute hospital
	% Occupancy:	84.3%, < cohort avg. (88%)
	Special Public Funding:	HCII <sup>†</sup>
	Trauma Center Designation:	Adult: Level 1, Pedi: Level 1
	Case Mix Index:	1.73, > cohort avg. (1.56); > statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$16,967
	Change FY18-FY19:	5.0%
	Inpatient:Outpatient Revenue in FY19:	43%:57%
	Outpatient Revenue in FY19:	\$1,518,801,470
	Change FY18-FY19:	7.1%
	Total Revenue in FY19:	\$4,491,250,000
	Total Surplus (Deficit) in FY19:	\$431,072,000
	<b>Payer Mix</b>	
	Public Payer Mix:	58.3% (Non-HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	1.43
	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	54,158
	Change FY18-FY19:	-0.2%
	Emergency Department Visits in FY19:	111,524
	Change FY18-FY19:	3.0%
	Outpatient Visits in FY19:	884,015
	Change FY18-FY19:	2.0%
	<b>Quality</b>	
	Readmission Rate in FY18:	14.5%
	Change FY14-FY18 (percentage points):	-0.2
	Early Elective Deliveries Rate:	Not Available



# 2019 HOSPITAL PROFILE: MASSACHUSETTS GENERAL HOSPITAL

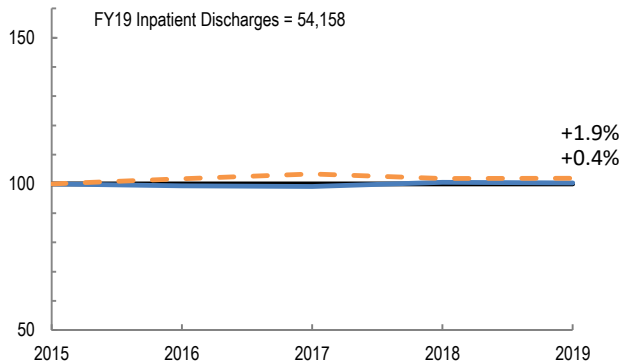
Cohort: Academic Medical Center

Key:

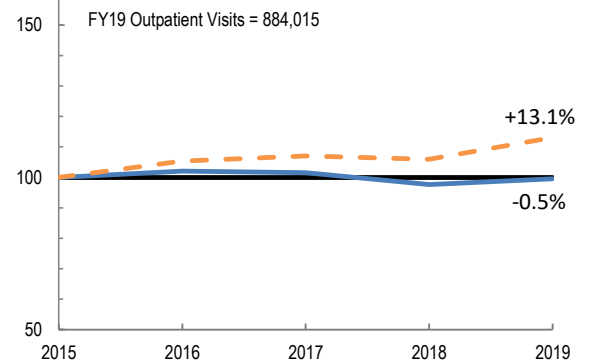


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

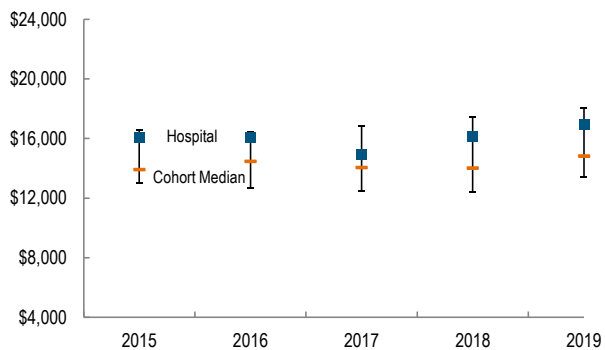


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

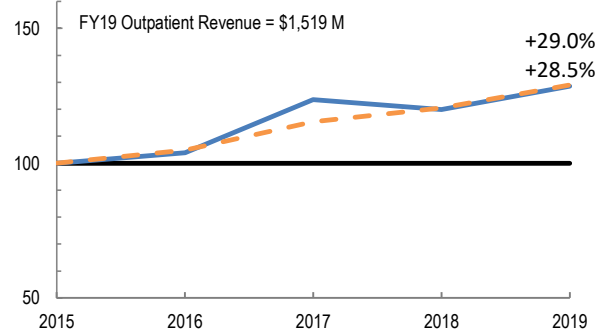


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



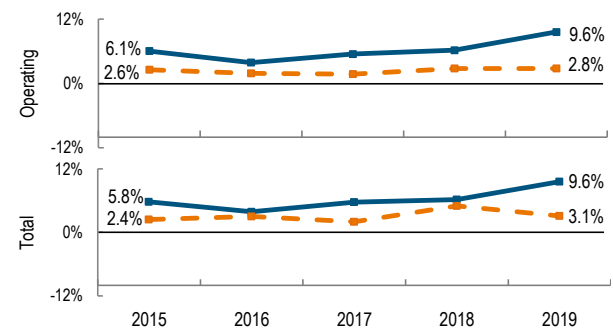
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 3,488	\$ 3,672	\$ 3,936	\$ 4,073	\$ 4,491
<b>Non-Operating Revenue</b>	\$ (10.2)	\$ (0.1)	\$ 7.0	\$ (1.7)	\$ 0.7
<b>Total Revenue</b>	\$ 3,477	\$ 3,672	\$ 3,943	\$ 4,071	\$ 4,491
<b>Total Costs</b>	\$ 3,276	\$ 3,529	\$ 3,719	\$ 3,821	\$ 4,060
<b>Total Profit (Loss)</b>	\$ 201.1	\$ 142.8	\$ 223.5	\$ 250.6	\$ 431.1

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



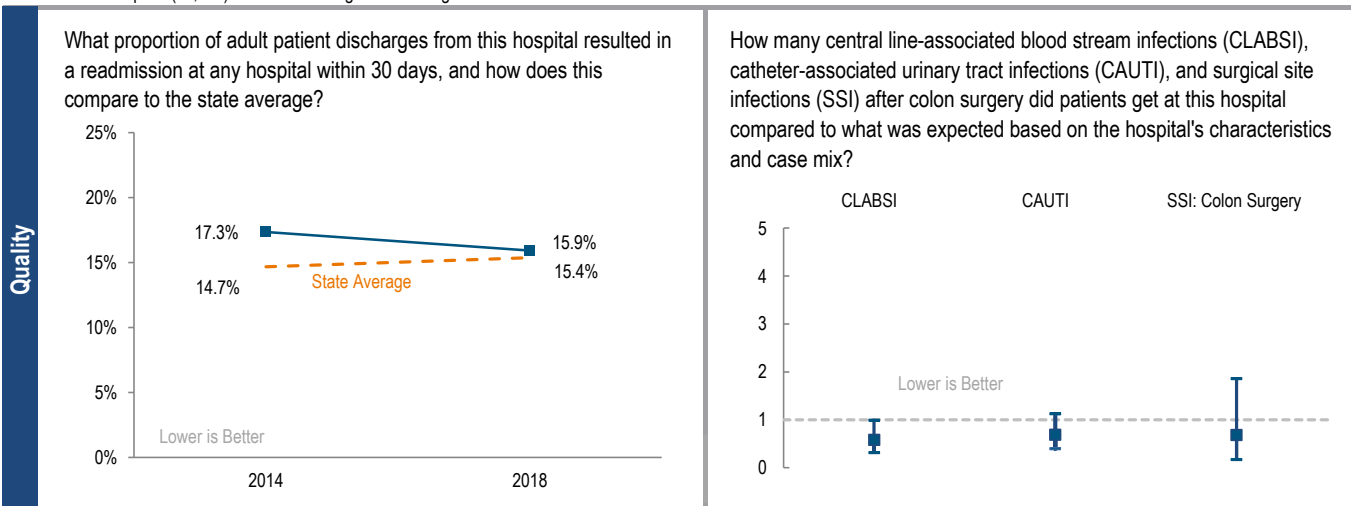
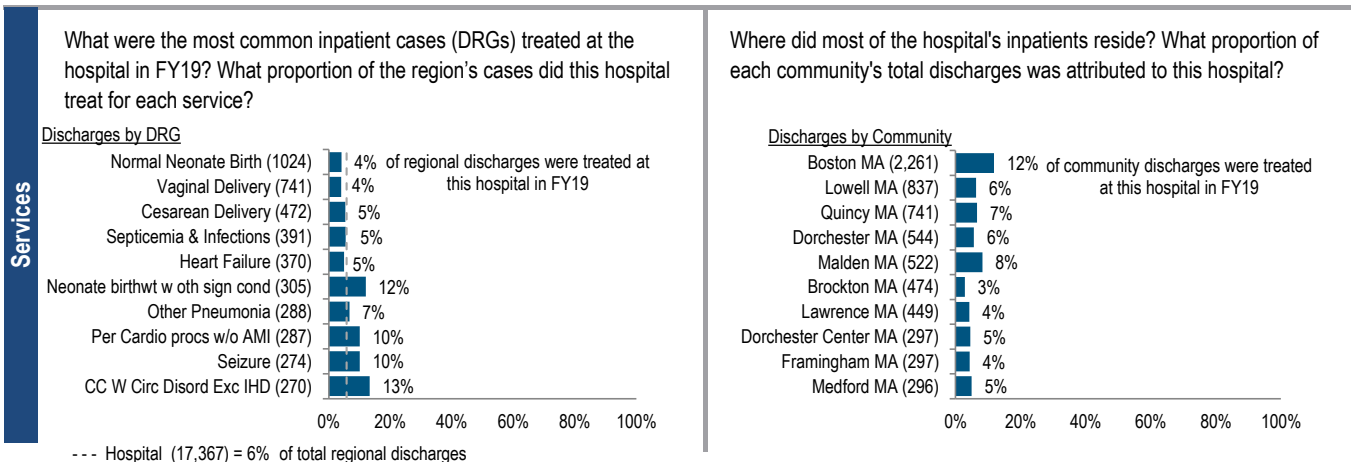
For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

¶ For more information on Health Care Innovation Investment Program (HCII) special funding, please contact the Health Policy Commission (HPC).

Tufts Medical Center is a large, non-profit academic medical center (AMC) located in the Metro Boston region. Tufts Medical Center is a teaching hospital of Tufts University School of Medicine and includes the Tufts Children's Hospital, which is located within the Tufts Medical Center complex. Tufts Medical Center is one of nine organ transplant centers in Massachusetts and is a member of Wellforce. Outpatient visits increased by 11.6% between FY15 and FY19, compared with the cohort median increase of 13.1%. Tufts Medical Center reported a profit of \$33.9M in FY19 and a total margin of 3.6% compared to the median of 3.1% among AMCs.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Wellforce
	Hospital System Surplus (Deficit) in FY19:	\$129,458,000
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	286, among the larger acute hospitals
	% Occupancy:	94.5%, highest in cohort avg. (88%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Adult: Level 1, Pedi: Level 1
	Case Mix Index:	1.80, > cohort avg. (1.56); > statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$15,436
	Change FY18-FY19:	8.9%
	Inpatient:Outpatient Revenue in FY19:	48%:52%
	Outpatient Revenue in FY19:	\$259,858,224
	Change FY18-FY19:	3.9%
	Total Revenue in FY19:	\$938,863,000
	Total Surplus (Deficit) in FY19:	\$33,948,000
	<b>Payer Mix</b>	
	Public Payer Mix:	63.3% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	1.09
	Top 3 Commercial Payers:	Blue Cross Blue Shield Tufts HMO Harvard Pilgrim
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	17,367
	Change FY18-FY19:	-0.2%
	Emergency Department Visits in FY19:	43,273
	Change FY18-FY19:	-5.8%
	Outpatient Visits in FY19:	452,082
	Change FY18-FY19:	0.4%
	<b>Quality</b>	
	Readmission Rate in FY18:	15.9%
	Change FY14-FY18 (percentage points):	-1.4
	Early Elective Deliveries Rate:	11.8%





# 2019 HOSPITAL PROFILE: TUFTS MEDICAL CENTER

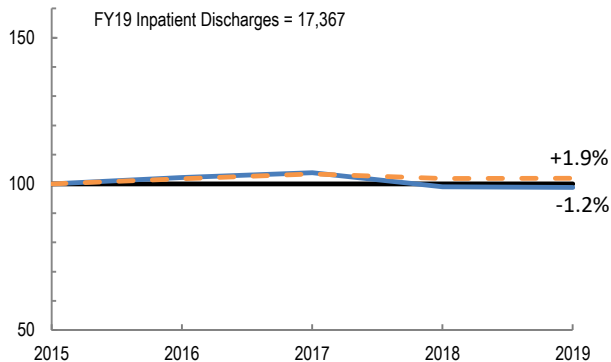
Cohort: Academic Medical Center

Key:

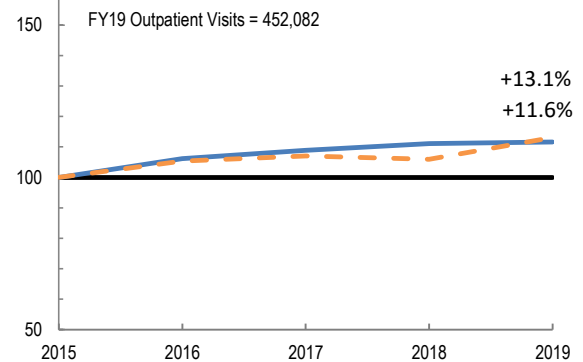


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

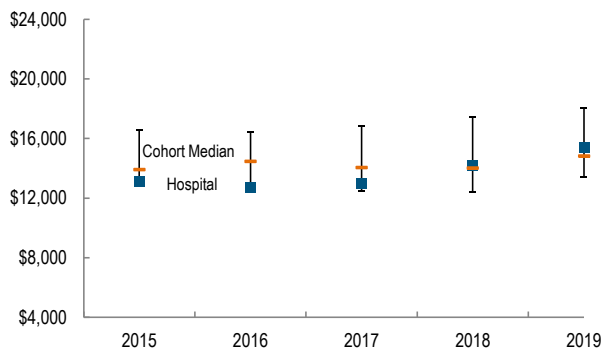


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

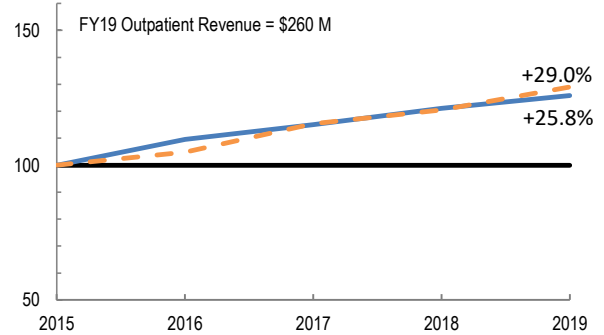


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



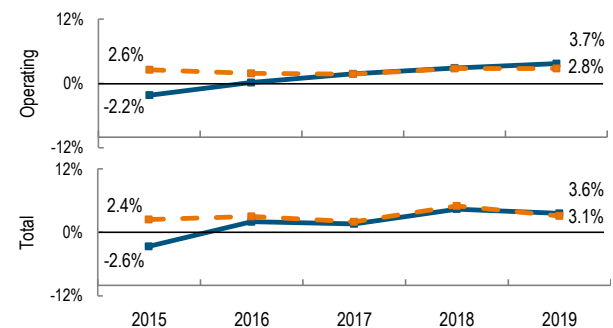
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 689.3	\$ 740.3	\$ 787.2	\$ 874.0	\$ 939.9
<b>Non-Operating Revenue</b>	\$ (3.2)	\$ 13.1	\$ (1.9)	\$ 13.2	\$ (1.0)
<b>Total Revenue</b>	\$ 686.1	\$ 753.4	\$ 785.4	\$ 887.2	\$ 938.9
<b>Total Costs</b>	\$ 704.3	\$ 738.6	\$ 773.1	\$ 847.9	\$ 904.9
<b>Total Profit (Loss)</b>	\$ (18.2)	\$ 14.8	\$ 12.3	\$ 39.3	\$ 33.9

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

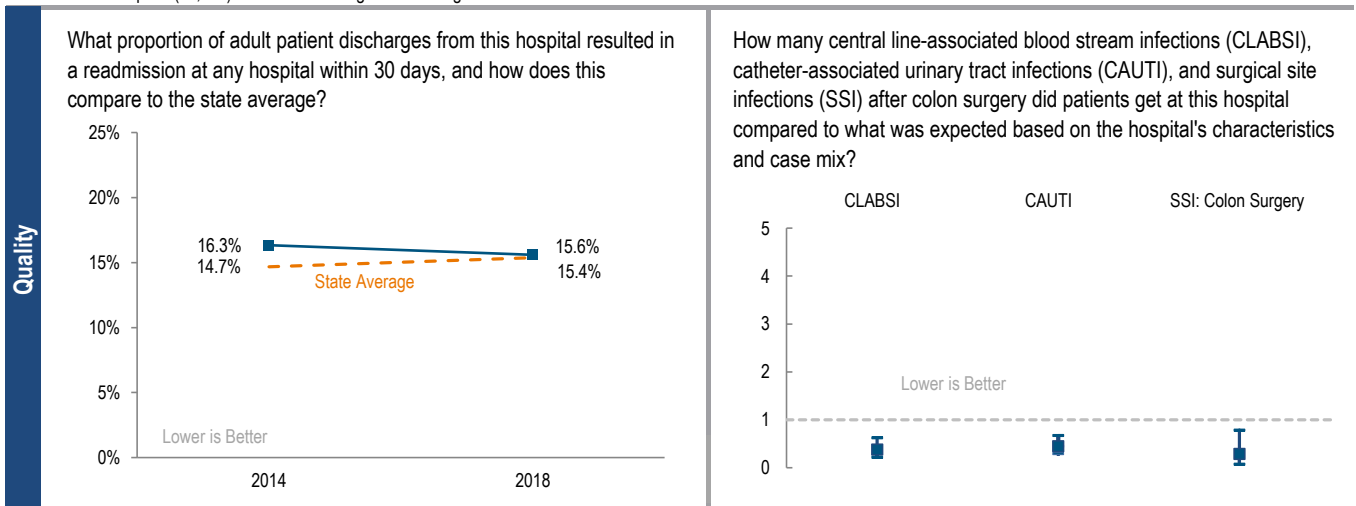
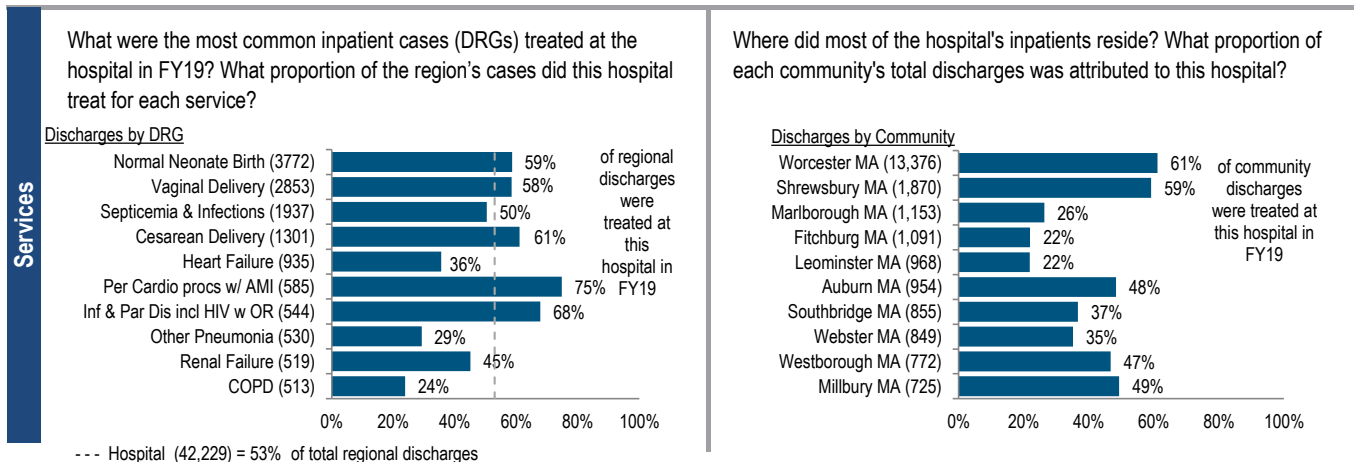
\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).



UMass Memorial Medical Center is a large, non-profit academic medical center (AMC) located in the Central Massachusetts region. UMass Memorial is a member of UMass Memorial Health Care, and one of nine organ transplant centers in Massachusetts. It also qualifies as a High Public Payer (HPP) hospital. Outpatient visits decreased by 2.0% between FY15 and FY19, compared with the cohort median increase of 13.1%. UMass Memorial earned a profit each year from FY15 to FY19, including a profit of \$48.3M in FY19 and a total margin of 2.6% compared to its peer cohort median of 3.1%.

At a Glance	<b>Overview / Size</b>		<b>Payer Mix</b>	
	Hospital System Affiliation:	UMass Memorial Health Care	Public Payer Mix:	65.4% (HPP* Hospital)
	Hospital System Surplus (Deficit) in FY19:	\$216,685,000	CY18 Commercial Statewide Relative Price:	1.09
	Change in Ownership (FY15-19):	Not Applicable	Top 3 Commercial Payers:	Blue Cross Blue Shield
	Total Staffed Beds:	740, 4th largest acute hospital		Fallon
	% Occupancy:	81.1%, lowest in cohort avg. (88%)		Harvard Pilgrim
	Special Public Funding:	HCI <sup>II</sup> , CHRTF <sup>o</sup>		
	Trauma Center Designation:	Adult: Level 1, Pedi: Level 1		
	Case Mix Index:	1.45, < cohort avg. (1.56); > statewide (1.16)		
	<b>Financial</b>		<b>Utilization</b>	
	Inpatient NPSR per CMAD:	\$13,432	Inpatient Discharges in FY19:	42,229
	Change FY18-FY19:	8.1%	Change FY18-FY19:	1.4%
	Inpatient:Outpatient Revenue in FY19:	43%:57%	Emergency Department Visits in FY19:	134,166
	Outpatient Revenue in FY19:	\$747,352,834	Change FY18-FY19:	-0.7%
	Change FY18-FY19:	3.8%	Outpatient Visits in FY19:	954,873
	Total Revenue in FY19:	\$1,891,106,000	Change FY18-FY19:	1.7%
	Total Surplus (Deficit) in FY19:	\$48,258,000	<b>Quality</b>	
			Readmission Rate in FY18:	15.6%
			Change FY14-FY18 (percentage points):	-0.7
			Early Elective Deliveries Rate:	2.7%



# 2019 HOSPITAL PROFILE: UMASS MEMORIAL MEDICAL CENTER

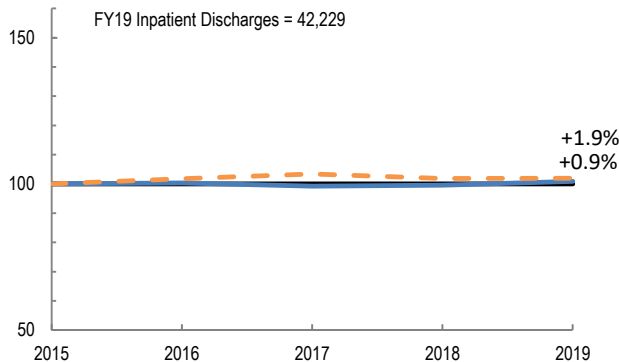
Cohort: Academic Medical Center

Key:

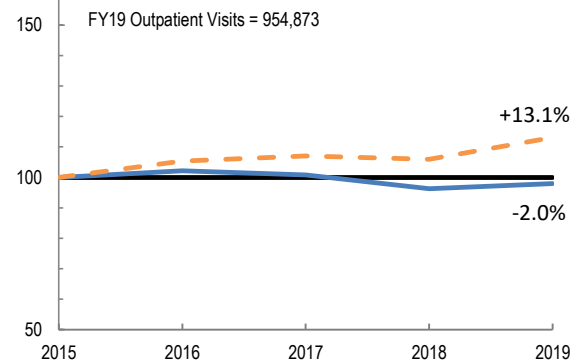


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

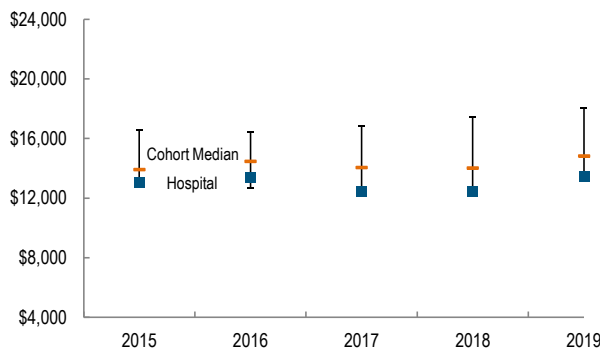


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

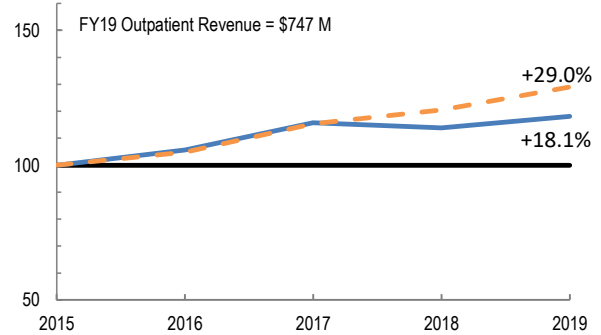


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



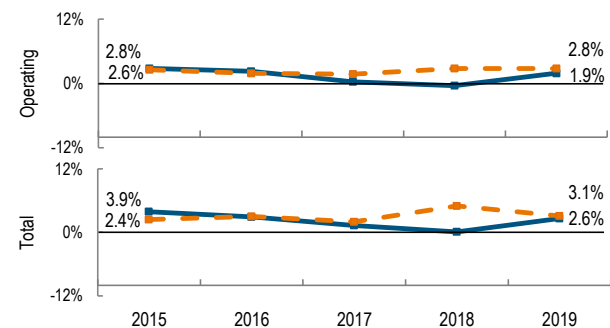
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 1,516	\$ 1,622	\$ 1,686	\$ 1,731	\$ 1,879
<b>Non-Operating Revenue</b>	\$ 17.1	\$ 10.7	\$ 16.3	\$ 9.5	\$ 12.3
<b>Total Revenue</b>	\$ 1,533	\$ 1,632	\$ 1,703	\$ 1,741	\$ 1,891
<b>Total Costs</b>	\$ 1,473	\$ 1,585	\$ 1,681	\$ 1,739	\$ 1,843
<b>Total Profit (Loss)</b>	\$ 60.1	\$ 47.6	\$ 21.9	\$ 1.7	\$ 48.3

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

θ For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

η For more information on Health Care Innovation Investment Program (HCII) special funding, please contact the Health Policy Commission (HPC).

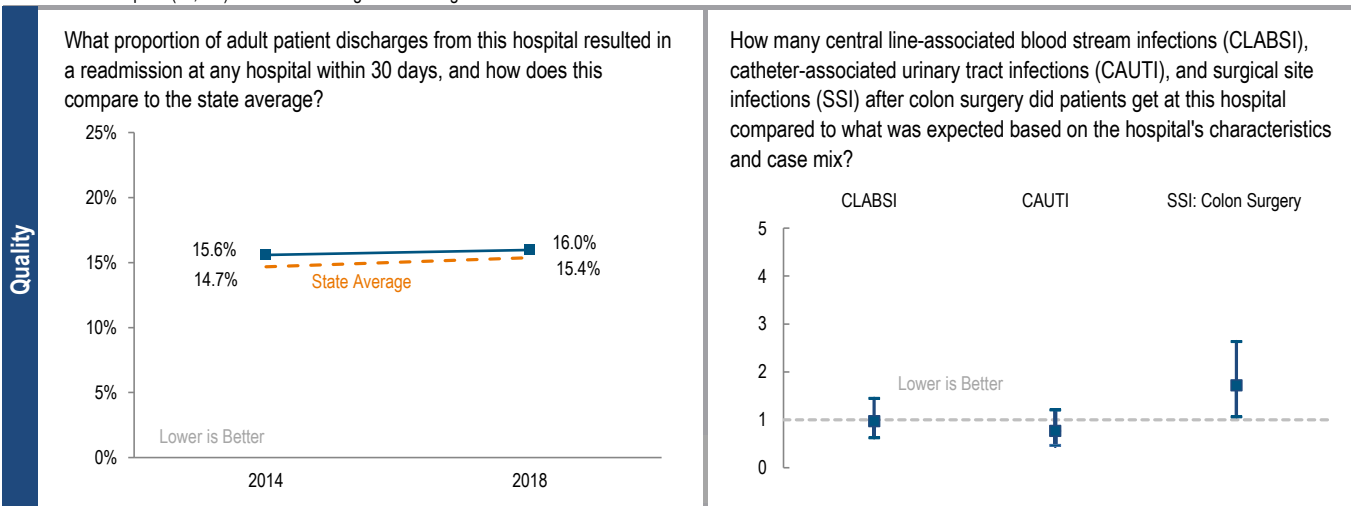
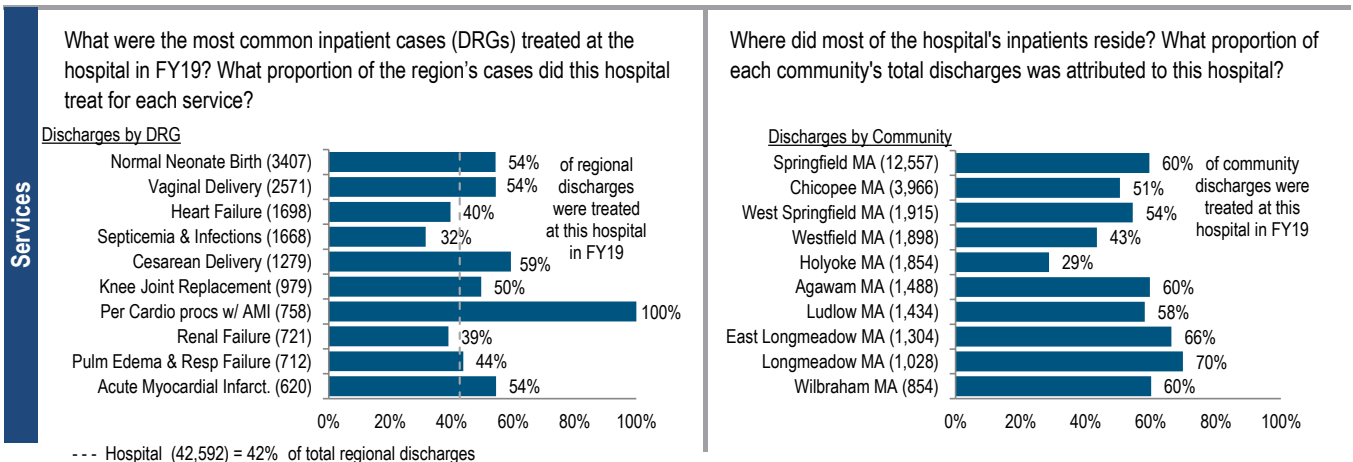
# BAYSTATE MEDICAL CENTER

## 2019 Hospital Profile

Springfield, MA  
Teaching Hospital  
Western Massachusetts

Baystate Medical Center is a non-profit teaching hospital located in the Western Massachusetts region. It is the third-largest acute hospital in Massachusetts, with 789 staffed beds. It is a member of Baystate Health and qualifies as High Public Payer (HPP). It is the only Level 1 Trauma Center in its region, the only Level 2 Pediatric Trauma Center in its region, and one of nine organ transplant centers in Massachusetts. Between FY15 and FY19, the volume of inpatient discharges increased by 4.0% compared to a 1.5% decrease at cohort hospitals. Baystate Medical Center was profitable each year from FY15 to FY19. In FY19 it had a total margin of 9.0%, matching the median of its cohort hospitals.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Baystate Health
	Hospital System Surplus (Deficit) in FY19:	\$71,003,000
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	789, 3rd largest acute hospital
	% Occupancy:	76.0%, < cohort avg. (79%)
	Special Public Funding:	HCI <sup>II</sup> , CHRTF <sup>o</sup>
	Trauma Center Designation:	Adult: Level 1, Pedi: Level 2
	Case Mix Index:	1.29, > cohort avg. (1.15); > statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$11,727
	Change FY18-FY19:	6.6%
	Inpatient:Outpatient Revenue in FY19:	44%:56%
	Outpatient Revenue in FY19:	\$588,838,661
	Change FY18-FY19:	4.6%
	Total Revenue in FY19:	\$1,408,942,000
	Total Surplus (Deficit) in FY19:	\$126,376,000
	<b>Payer Mix</b>	
	Public Payer Mix:	70.8% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	1.01
	Top 3 Commercial Payers:	Blue Cross Blue Shield Health New England Cigna East
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	42,592
	Change FY18-FY19:	0.4%
	Emergency Department Visits in FY19:	166,277
	Change FY18-FY19:	4.4%
	Outpatient Visits in FY19:	437,771
	Change FY18-FY19:	0.8%
	<b>Quality</b>	
	Readmission Rate in FY18:	16.0%
	Change FY14-FY18 (percentage points):	0.4
	Early Elective Deliveries Rate:	1.4%



For descriptions of the metrics, please see the technical appendix.

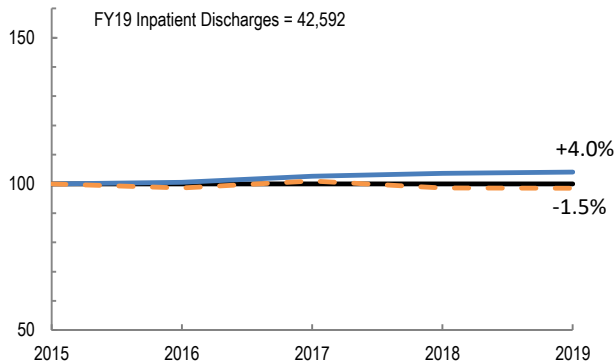
# 2019 HOSPITAL PROFILE: BAYSTATE MEDICAL CENTER

Cohort: Teaching Hospital

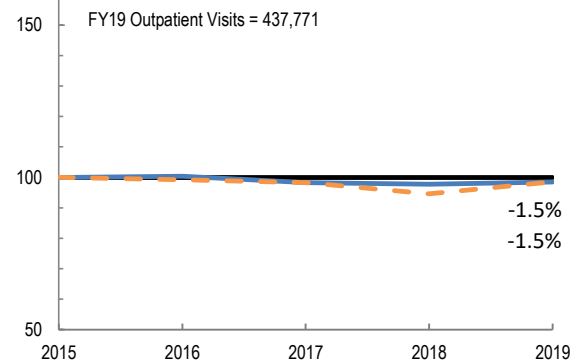
Key:  
—■— Hospital  
- - - ■ - - - Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

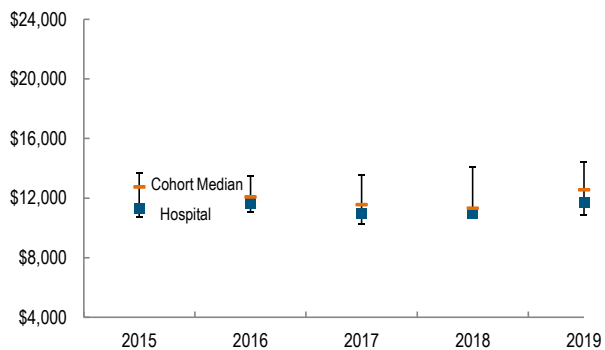


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

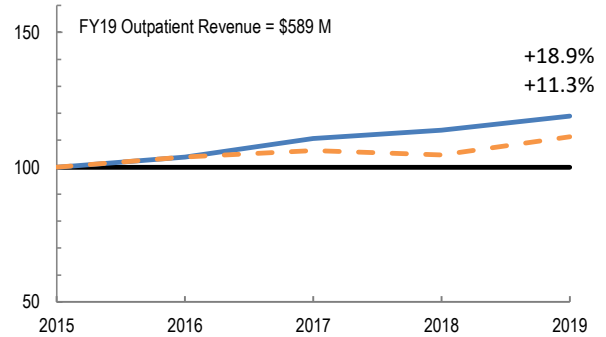


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



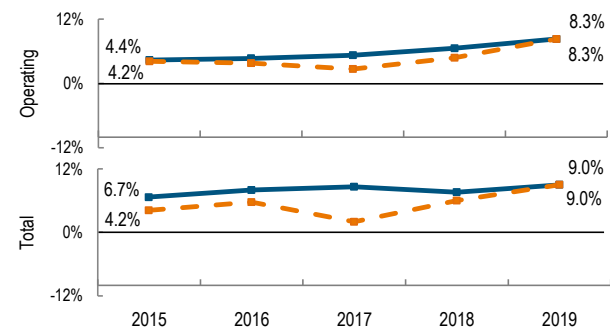
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 1,127	\$ 1,178	\$ 1,227	\$ 1,296	\$ 1,400
<b>Non-Operating Revenue</b>	\$ 26.1	\$ 40.3	\$ 42.3	\$ 13.3	\$ 8.9
<b>Total Revenue</b>	\$ 1,153	\$ 1,218	\$ 1,269	\$ 1,309	\$ 1,409
<b>Total Costs</b>	\$ 1,076	\$ 1,121	\$ 1,160	\$ 1,210	\$ 1,283
<b>Total Profit (Loss)</b>	\$ 76.8	\$ 97.8	\$ 109.0	\$ 99.8	\$ 126.4

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

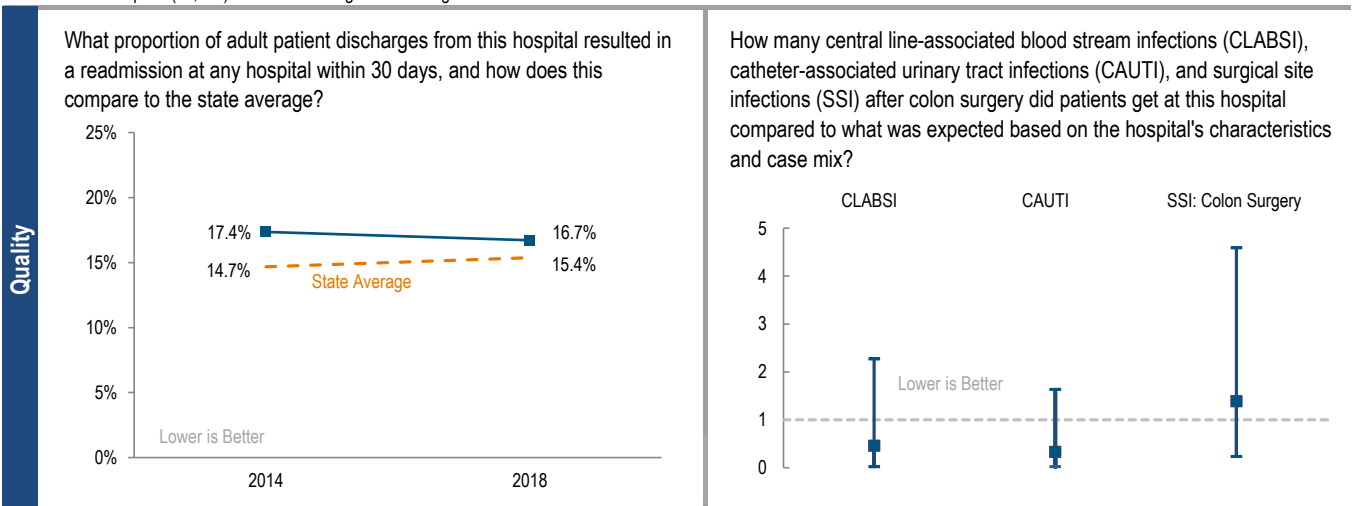
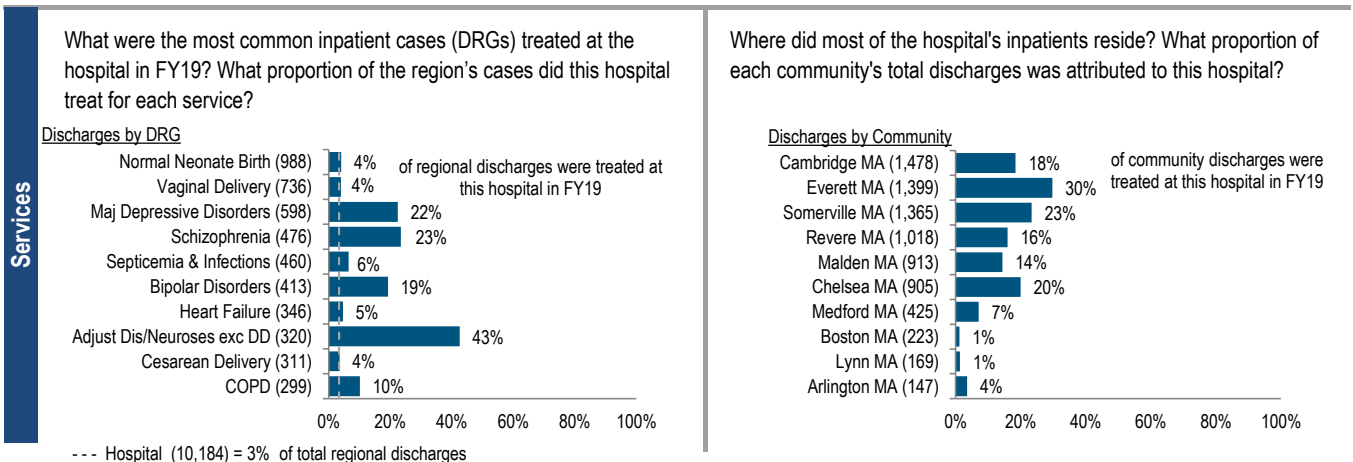
\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

‡ For more information on Health Care Innovation Investment Program (HCII) special funding, please contact the Health Policy Commission (HPC).

Cambridge Health Alliance (CHA) is a mid-size, municipal teaching hospital located in the Metro Boston region. It is the only municipality-owned hospital in Massachusetts. CHA includes Cambridge Hospital, Somerville Hospital, and Whidden Memorial Hospital campuses. It qualifies as a High Public Payer (HPP) hospital. Between FY15 and FY19, the volume of inpatient discharges at the hospital decreased by 13.0% compared to a median decrease of 1.5% at cohort hospitals. Outpatient visits decreased by 0.6% for the hospital between FY15 and FY19, compared to the median decrease of 1.5% for its peer cohort. It reported a profit of \$4.4M in FY19 with a total margin of 0.6%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Cambridge Health Alliance
	Hospital System Surplus (Deficit) in FY19:	\$7,122,118
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	229, mid-size acute hospital
	% Occupancy:	67.5%, < cohort avg. (79%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.88, < cohort avg. (1.15); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD: see footnote *	\$13,497
	Change FY18-FY19:	19.1%
	Inpatient:Outpatient Revenue in FY19:	21%:79%
	Outpatient Revenue in FY19:	\$220,157,223
	Change FY18-FY19:	-7.2%
	Total Revenue in FY19:	\$696,074,124
	Total Surplus (Deficit) in FY19:	\$4,390,419
	<b>Payer Mix</b>	
	Public Payer Mix:	70.9% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.81
	Top 3 Commercial Payers:	Blue Cross Blue Shield Tufts Health Public Plans Harvard Pilgrim
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	10,184
	Change FY18-FY19:	-4.7%
	Emergency Department Visits in FY19:	91,524
	Change FY18-FY19:	0.7%
	Outpatient Visits in FY19:	674,918
	Change FY18-FY19:	2.5%
	<b>Quality</b>	
	Readmission Rate in FY18:	16.7%
	Change FY14-FY18 (percentage points):	-0.6
	Early Elective Deliveries Rate:	0.0%



# 2019 HOSPITAL PROFILE: CAMBRIDGE HEALTH ALLIANCE

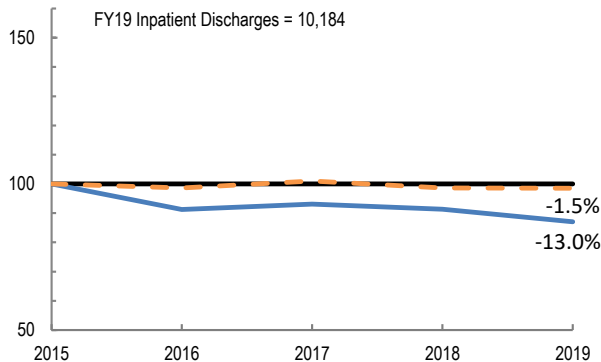
Cohort: Teaching Hospital

Key:

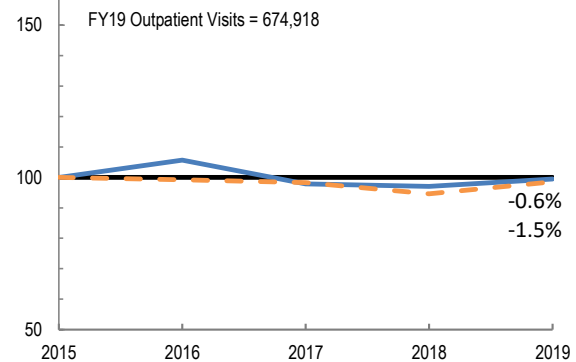
— Hospital  
- - - Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

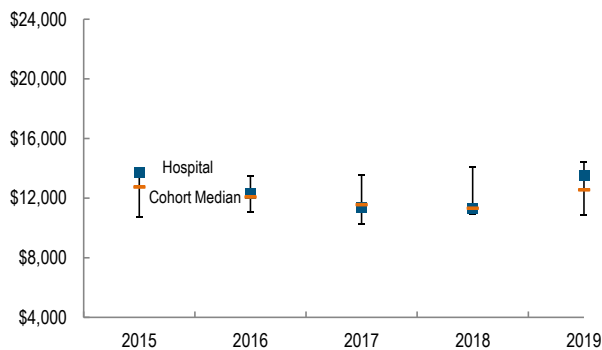


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

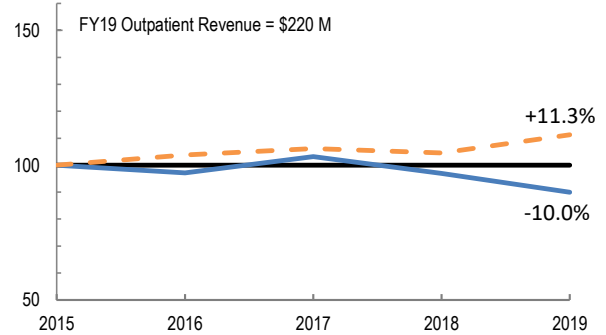


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



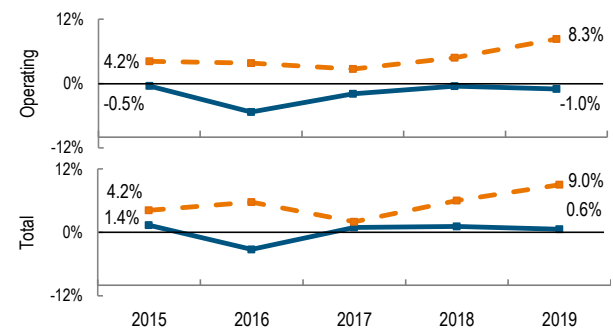
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 574.4	\$ 571.7	\$ 589.8	\$ 649.6	\$ 684.5
<b>Non-Operating Revenue</b>	\$ 10.7	\$ 12.2	\$ 16.7	\$ 10.9	\$ 11.6
<b>Total Revenue</b>	\$ 585.1	\$ 583.9	\$ 606.5	\$ 660.5	\$ 696.1
<b>Total Costs</b>	\$ 577.1	\$ 602.8	\$ 601.1	\$ 653.0	\$ 691.7
<b>Total Profit (Loss)</b>	\$ 7.9	\$ (18.8)	\$ 5.5	\$ 7.5	\$ 4.4

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

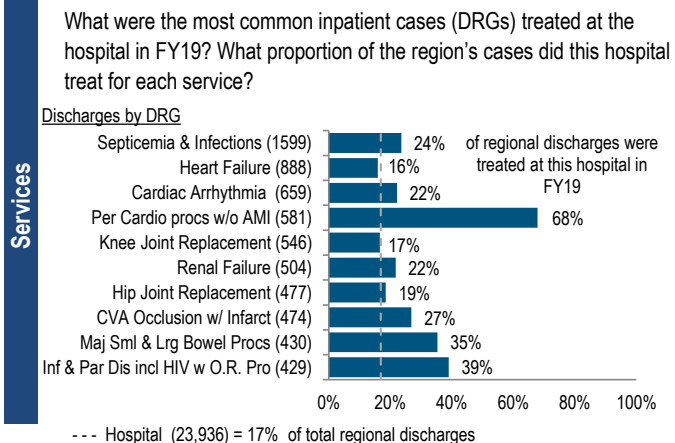
\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

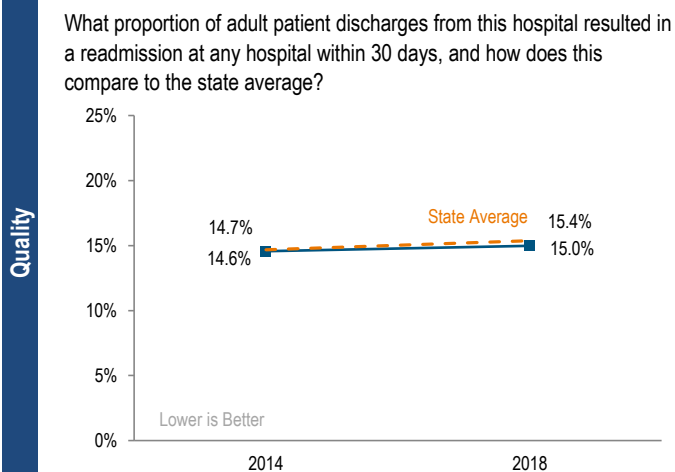
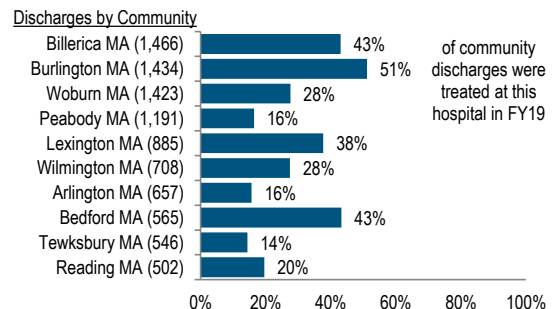
\*NPSR does not include the federal and state support received by the hospital.

Lahey Hospital & Medical Center is a non-profit teaching hospital located in the Northeastern Massachusetts region. It is among the larger acute hospitals in Massachusetts and one of nine transplant centers in the State. Between FY15 and FY19, the volume of inpatient discharges at the hospital increased by 7.5% compared to a median decrease of 1.5% at cohort hospitals. Outpatient visits decreased 5.9% for the hospital between FY15 and FY19, compared to a median decrease of 1.5% for its peer cohort. Lahey Hospital & Medical Center has been profitable each year from FY15 to FY19, with a total margin at or near the median of its peer cohort hospitals.

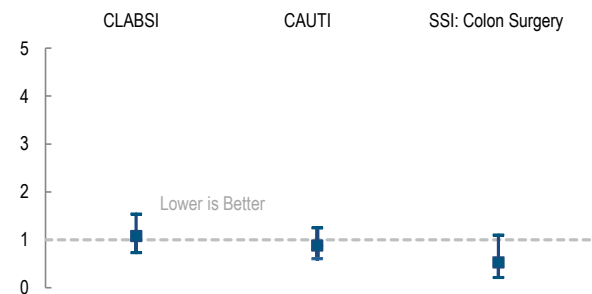
At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Beth Israel Lahey Health
	Hospital System Surplus (Deficit) in FY19:	\$102,634,000
	Change in Ownership (FY15-19):	Beth Israel Lahey Health 3/1/19
	Total Staffed Beds:	345, among the larger acute hospitals
	% Occupancy:	93.3%, > cohort avg. (79%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Adult: Level 1
	Case Mix Index:	1.58, > cohort avg. (1.15); > statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$12,559
	Change FY18-FY19:	4.1%
	Inpatient:Outpatient Revenue in FY19:	32%:68%
	Outpatient Revenue in FY19:	\$562,977,868
	Change FY18-FY19:	8.3%
	Total Revenue in FY19:	\$652,368,000
	Total Surplus (Deficit) in FY19:	\$74,693,000
	<b>Payer Mix</b>	
	Public Payer Mix:	60.5% (Non-HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.98
	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	23,936
	Change FY18-FY19:	-0.3%
	Emergency Department Visits in FY19:	66,499
	Change FY18-FY19:	0.8%
	Outpatient Visits in FY19:	856,797
	Change FY18-FY19:	5.0%
	<b>Quality</b>	
	Readmission Rate in FY18:	15.0%
	Change FY14-FY18 (percentage points):	0.4
	Early Elective Deliveries Rate:	Not Applicable



Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?





# 2019 HOSPITAL PROFILE: LAHEY HOSPITAL & MEDICAL CENTER

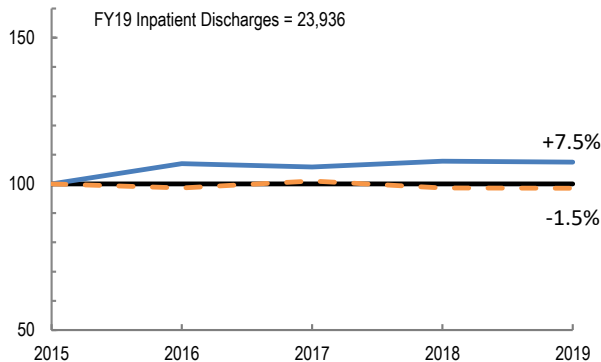
Cohort: Teaching Hospital

Key:

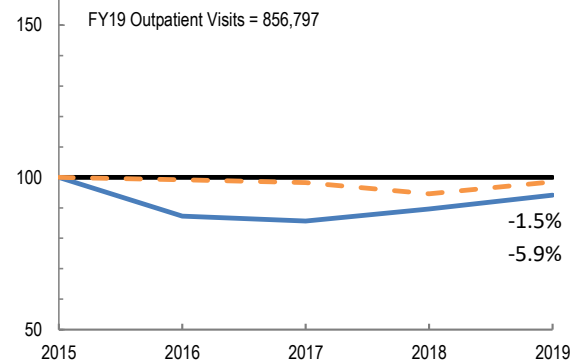


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

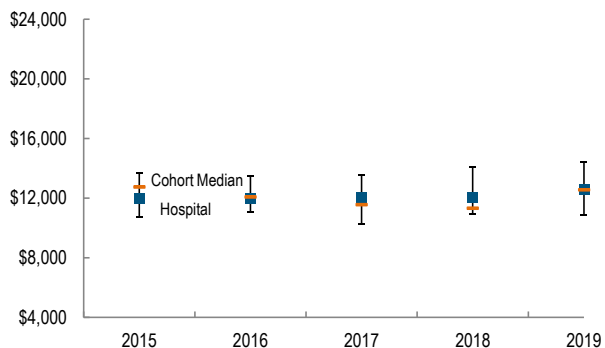


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

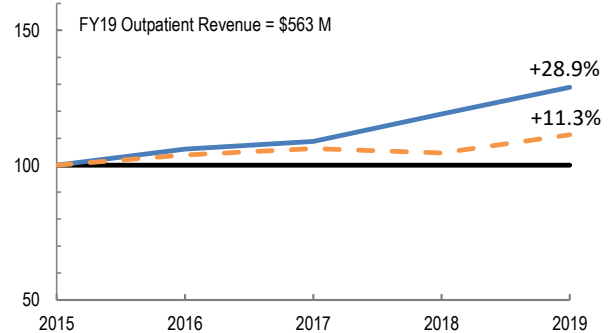


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



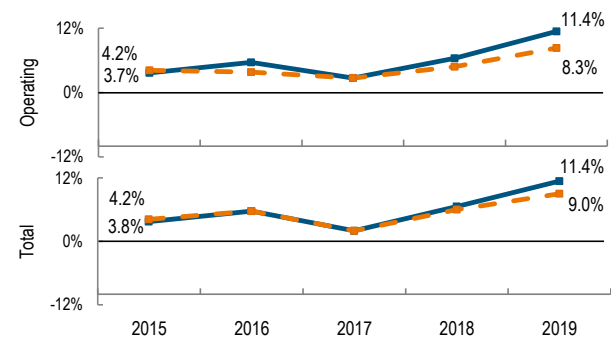
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

Revenue, Cost, & Profit/Loss (in millions)\*\*

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 836.9	\$ 923.6	\$ 949.2	\$ 1,010	\$ 652.1
<b>Non-Operating Revenue</b>	\$ 0.8	\$ 0.9	\$ (6.2)	\$ 1.3	\$ 0.3
<b>Total Revenue</b>	\$ 837.6	\$ 924.4	\$ 943.0	\$ 1,012	\$ 652.4
<b>Total Costs</b>	\$ 806.2	\$ 872.1	\$ 924.2	\$ 945.4	\$ 577.7
<b>Total Profit (Loss)</b>	\$ 31.4	\$ 52.4	\$ 18.8	\$ 66.4	\$ 74.7

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

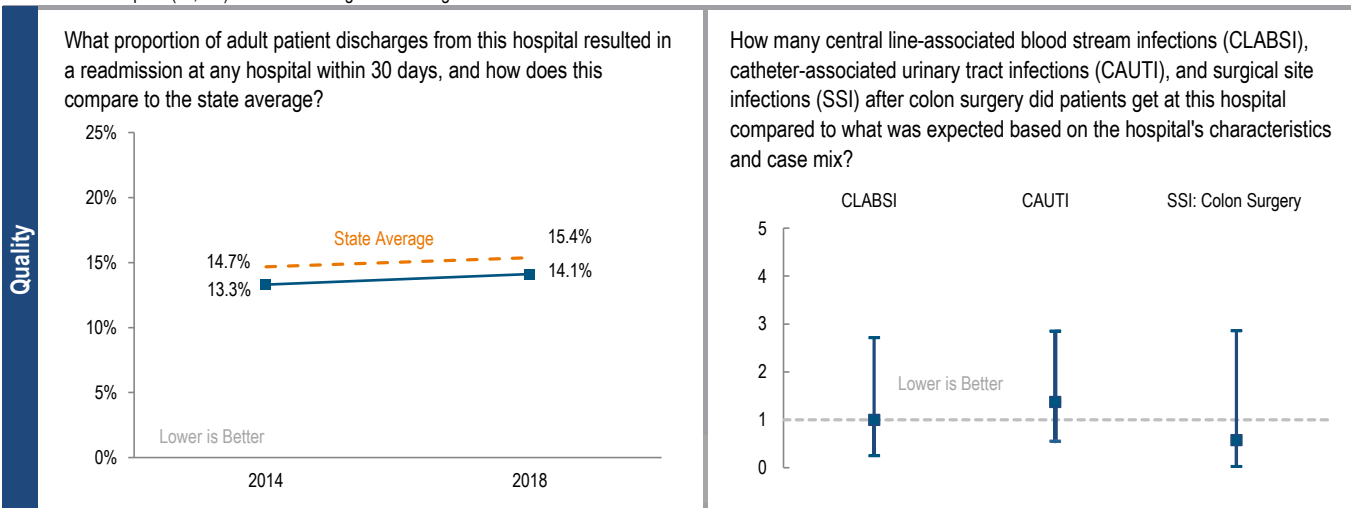
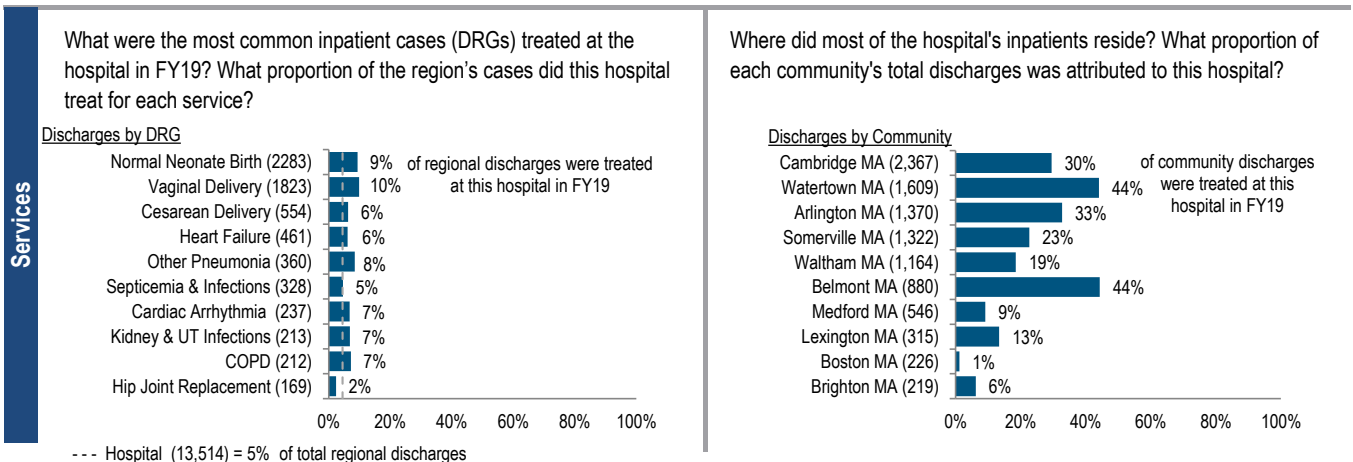
† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\*\* FY19 data reflects the seven months of data after the merger to Beth Israel Lahey Health.



Mount Auburn Hospital is a large, non-profit teaching hospital located in the Metro Boston region. It is a member of Beth Israel Lahey Health. Between FY15 and FY19, the volume of inpatient discharges at the hospital decreased by 4.5%, compared to a median decrease of 1.5% for its peer cohort. Outpatient visits decreased 44.6% for the hospital between FY15 and FY19, compared to a median decrease of 1.5% for its peer cohort. The hospital has reported a profit in each of the last five years and in FY19 reported a total margin of 6.2%, compared to its peer cohort median of 9.0%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Beth Israel Lahey Health
	Hospital System Surplus (Deficit) in FY19:	\$102,634,000
	Change in Ownership (FY15-19):	Beth Israel Lahey Health 3/1/19
	Total Staffed Beds:	243, among the larger acute hospitals
	% Occupancy:	68.1%, < cohort avg. (79%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.91, < cohort avg. (1.15); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$12,560
	Change FY18-FY19:	3.6%
	Inpatient:Outpatient Revenue in FY19:	32%:68%
	Outpatient Revenue in FY19:	\$177,735,614
	Change FY18-FY19:	8.4%
	Total Revenue in FY19:	\$206,163,000
	Total Surplus (Deficit) in FY19:	\$12,806,000
	<b>Payer Mix</b>	
	Public Payer Mix:	52.7% (Non-HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.96
	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	13,514
	Change FY18-FY19:	-7.3%
	Emergency Department Visits in FY19:	34,166
	Change FY18-FY19:	-1.3%
	Outpatient Visits in FY19:	97,720
	Change FY18-FY19:	0.9%
	<b>Quality</b>	
	Readmission Rate in FY18:	14.1%
	Change FY14-FY18 (percentage points):	0.8
	Early Elective Deliveries Rate:	0.0%



# 2019 HOSPITAL PROFILE: MOUNT AUBURN HOSPITAL

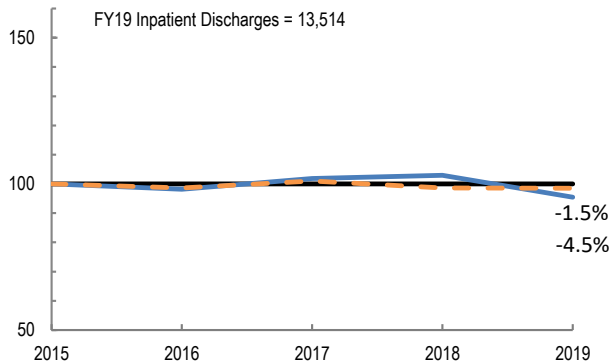
Cohort: Teaching Hospital

Key:

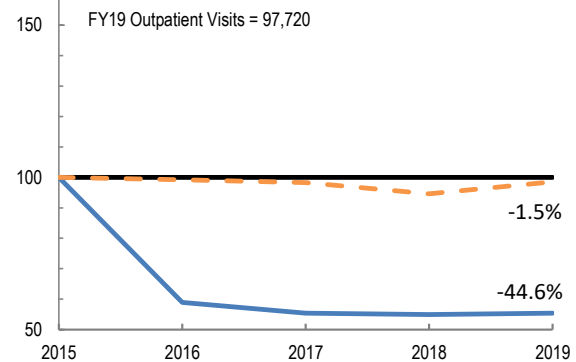


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

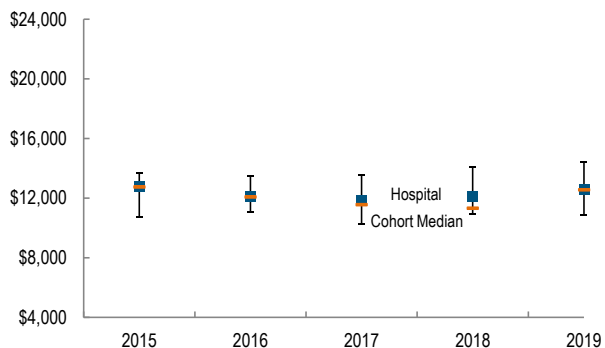


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

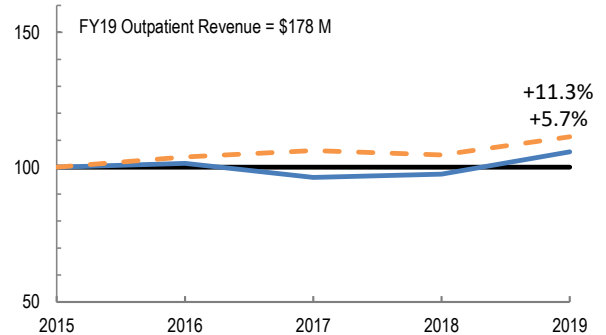


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



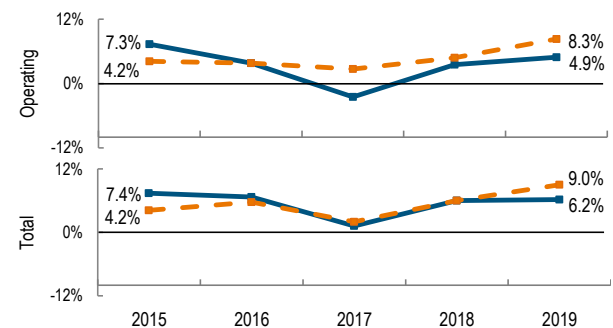
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

Revenue, Cost, & Profit/Loss (in millions)\*\*

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 333.6	\$ 343.3	\$ 321.7	\$ 338.7	\$ 203.5
<b>Non-Operating Revenue</b>	\$ 0.2	\$ 10.3	\$ 12.3	\$ 8.7	\$ 2.7
<b>Total Revenue</b>	\$ 333.8	\$ 353.5	\$ 333.9	\$ 347.5	\$ 206.2
<b>Total Costs</b>	\$ 309.1	\$ 329.8	\$ 330.0	\$ 326.5	\$ 193.4
<b>Total Profit (Loss)</b>	\$ 24.7	\$ 23.7	\$ 3.9	\$ 21.0	\$ 12.8

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

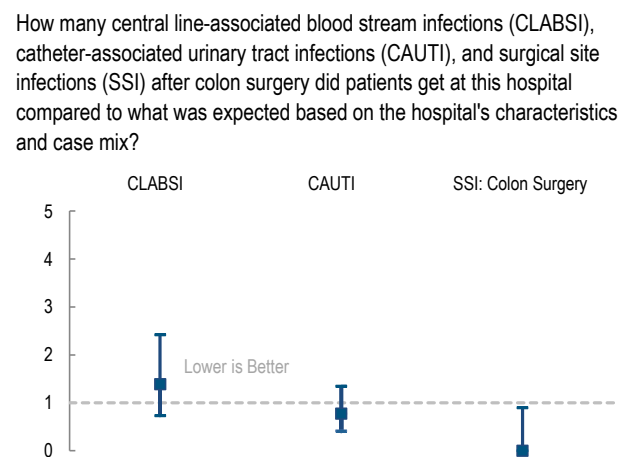
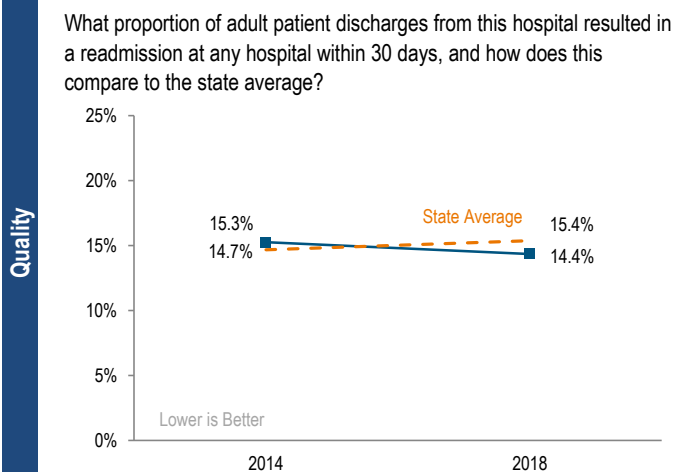
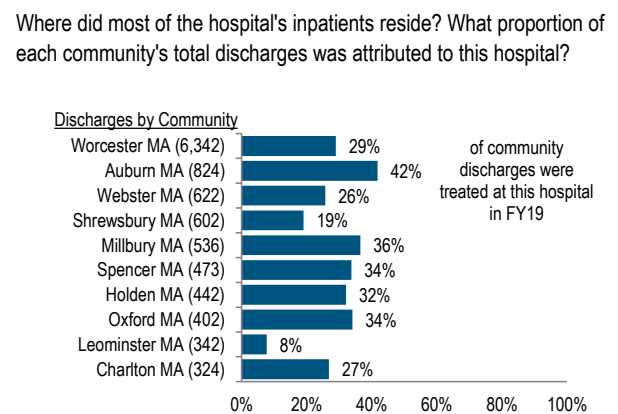
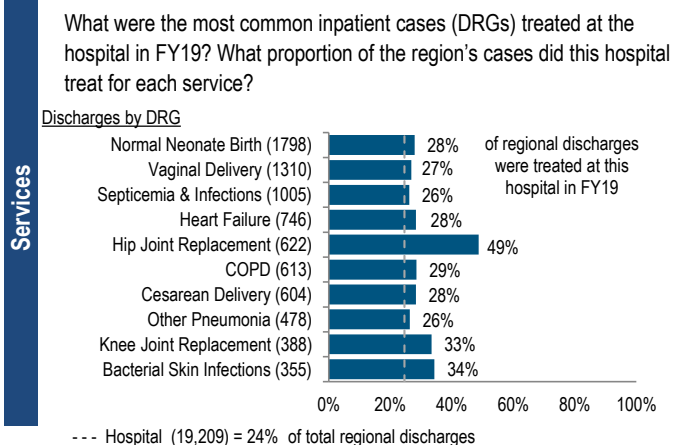
\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\*\*FY19 data reflects the seven months of data after the merger to Beth Israel Lahey Health.

Saint Vincent Hospital is a for-profit teaching hospital located in the Central Massachusetts region. Along with MetroWest Medical Center, Saint Vincent Hospital was bought by Tenet Healthcare Corporation in 2013. Between FY15 and FY19, the volume of inpatient discharges at the hospital decreased by 1.5% matching the median decrease at cohort hospitals. Outpatient visits increased 15.4% for the hospital between FY15 and FY19, compared to a median decrease of 1.5% for its peer cohort. Saint Vincent Hospital reported a profit each year in this time period including a profit of \$73.7M in FY19 and a total margin of 14.2%, compared to the cohort median of 9.0%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Tenet Healthcare
	Hospital System Surplus (Deficit) in FY19:	(\$232,000,000)
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	303, among the larger acute hospitals
	% Occupancy:	65.9%, lowest in cohort avg. (79%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.03, < cohort avg. (1.15); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,850
	Change FY18-FY19:	-2.1%
	Inpatient:Outpatient Revenue in FY19:	37%:63%
	Outpatient Revenue in FY19:	\$271,156,883
	Change FY18-FY19:	18.0%
	Total Revenue in FY19:	\$517,369,660
	Total Surplus (Deficit) in FY19:	\$73,709,075
	<b>Payer Mix</b>	
	Public Payer Mix:	67.5% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.95
	Top 3 Commercial Payers:	Blue Cross Blue Shield Fallon Harvard Pilgrim
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	19,209
	Change FY18-FY19:	0.3%
	Emergency Department Visits in FY19:	54,923
	Change FY18-FY19:	4.1%
	Outpatient Visits in FY19:	258,884
	Change FY18-FY19:	21.3%
	<b>Quality</b>	
	Readmission Rate in FY18:	14.4%
	Change FY14-FY18 (percentage points):	-0.9
	Early Elective Deliveries Rate:	Not Available



# 2019 HOSPITAL PROFILE: SAINT VINCENT HOSPITAL

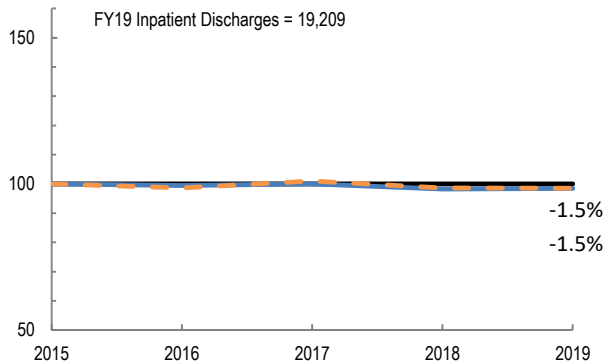
Cohort: Teaching Hospital

Key:

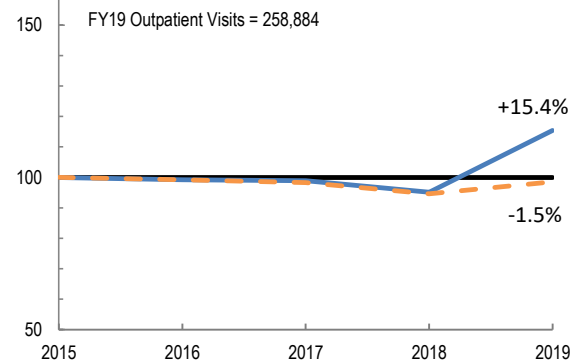
— Hospital  
- - - Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

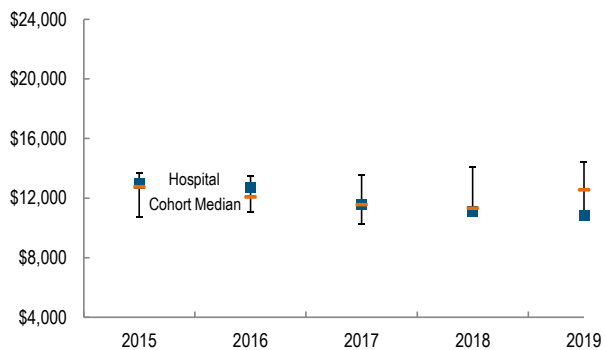


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

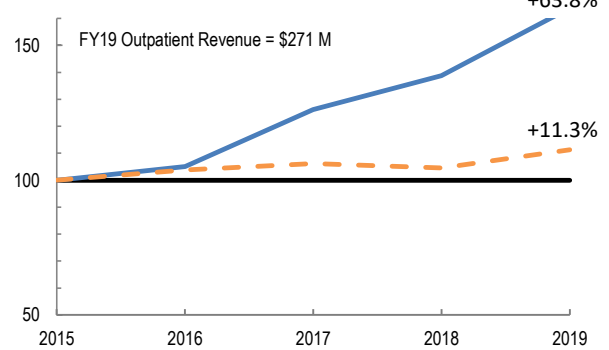


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



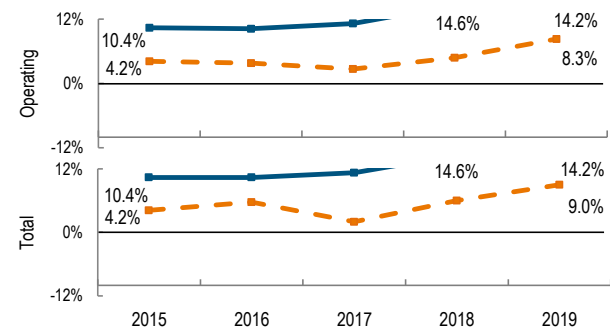
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 431.3	\$ 458.1	\$ 460.9	\$ 496.1	\$ 517.4
<b>Non-Operating Revenue</b>	\$ 0.1	\$ 0.8	\$ 0.1	\$ (0.4)	\$ 0.0
<b>Total Revenue</b>	\$ 431.4	\$ 458.9	\$ 461.0	\$ 495.8	\$ 517.4
<b>Total Costs</b>	\$ 386.5	\$ 411.3	\$ 409.1	\$ 423.6	\$ 443.7
<b>Total Profit (Loss)</b>	\$ 44.9	\$ 47.6	\$ 51.9	\$ 72.2	\$ 73.7

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



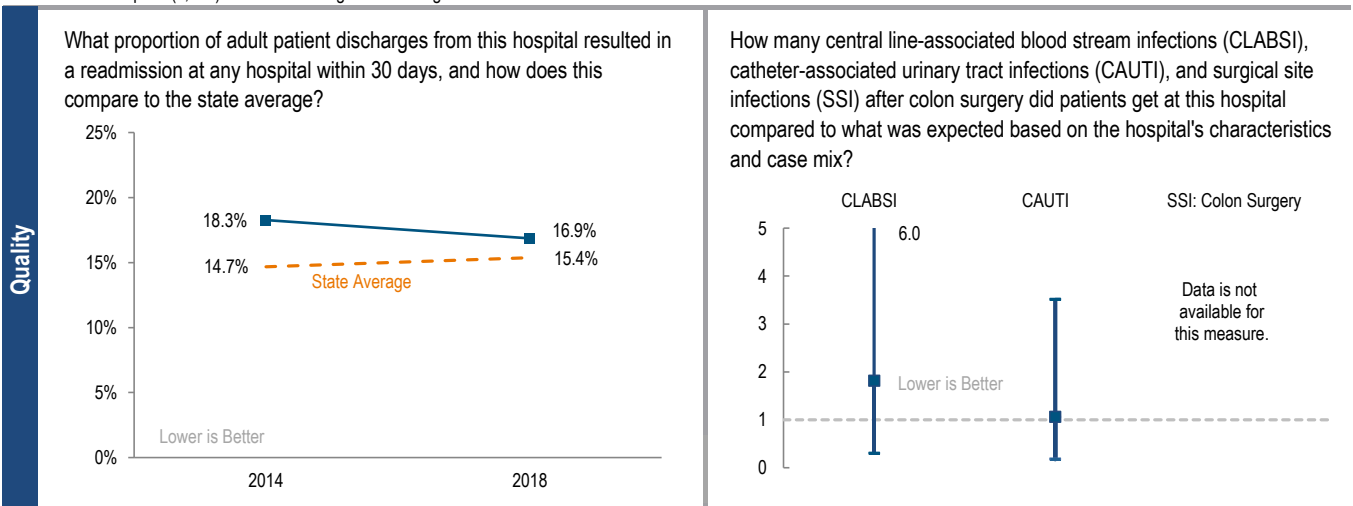
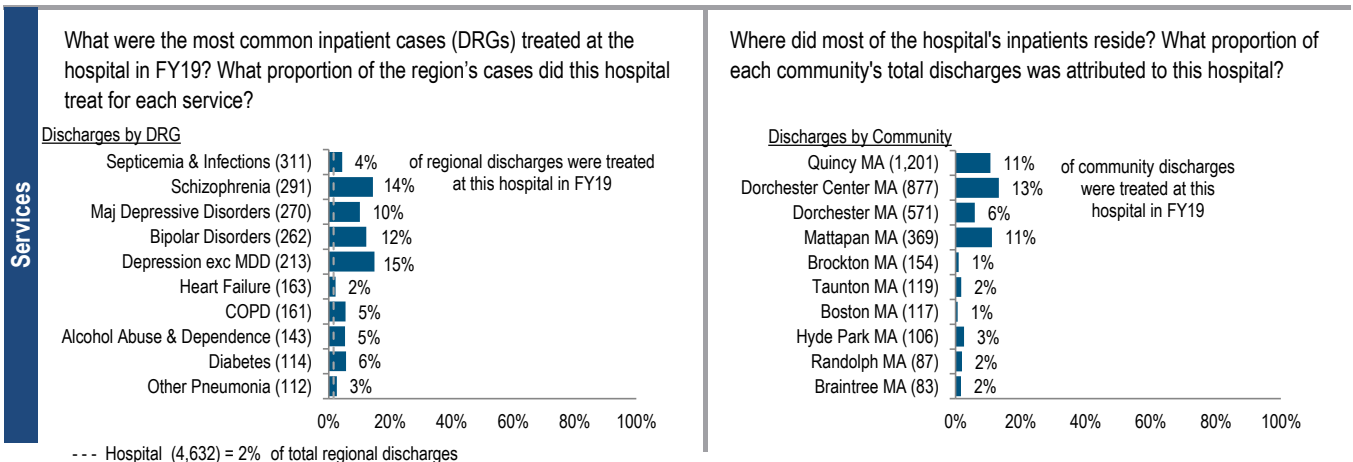
For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

Steward Carney Hospital is a for-profit teaching hospital located in the Metro Boston region. Steward Carney is a member of Steward Health Care. Between FY15 and FY19, the volume of inpatient discharges at the hospital decreased by 6.6% compared to a median decrease of 1.5% at cohort hospitals. Outpatient visits decreased by 17.2% for the hospital between FY15 and FY19, compared to a median decrease of 1.5% for its peer cohort. Steward Carney reported a loss in each of the last five years, including a loss of \$16.8M in FY19 and a total margin of -14.2%, compared with a median total margin of 9.0% in its cohort. Its operating and total margins were below the cohort medians in each year during this period.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Steward Health Care
	Hospital System Surplus (Deficit) in FY19:	Steward Failed to Submit
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	83, among the smaller acute hospitals
	% Occupancy:	85.4%, > cohort avg. (79%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.98, < cohort avg. (1.15); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$11,375
	Change FY18-FY19:	3.8%
	Inpatient:Outpatient Revenue in FY19:	32%:68%
	Outpatient Revenue in FY19:	\$55,120,415
	Change FY18-FY19:	4.2%
	Total Revenue in FY19:	\$118,308,642
	Total Surplus (Deficit) in FY19:	-\$16,781,632
	<b>Payer Mix</b>	
	Public Payer Mix:	77.3% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.89
	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	4,632
	Change FY18-FY19:	-2.5%
	Emergency Department Visits in FY19:	50,454
	Change FY18-FY19:	-4.4%
	Outpatient Visits in FY19:	85,344
	Change FY18-FY19:	-8.7%
	<b>Quality</b>	
	Readmission Rate in FY18:	16.9%
	Change FY14-FY18 (percentage points):	-1.4
	Early Elective Deliveries Rate:	Not Applicable



# 2019 HOSPITAL PROFILE: STEWARD CARNEY HOSPITAL

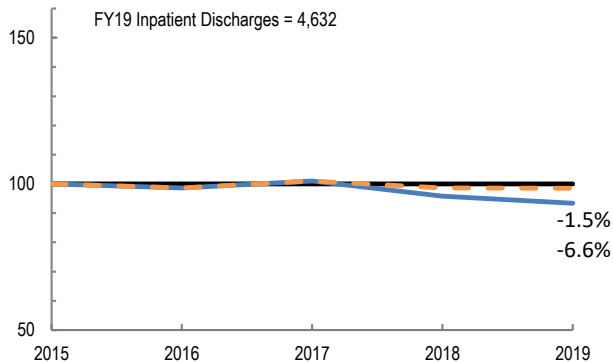
Cohort: Teaching Hospital

Key:

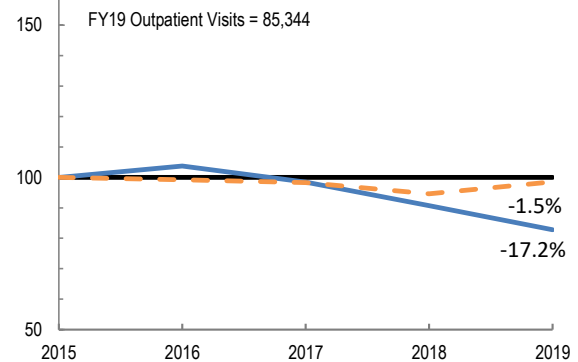


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

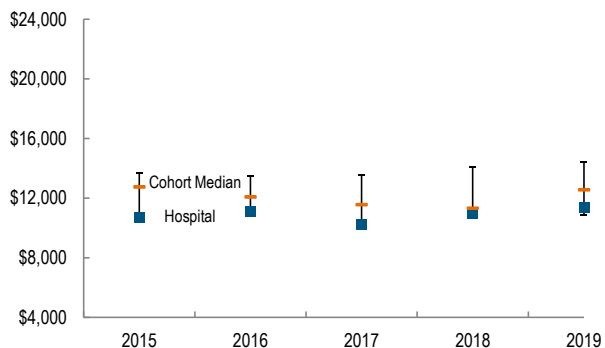


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

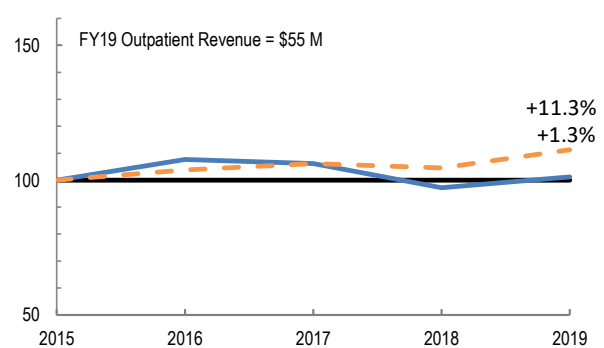


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



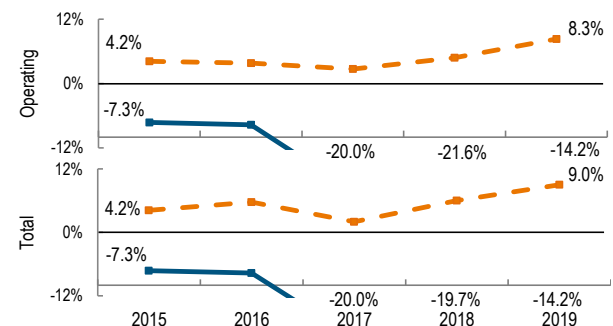
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19#?

Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 114.6	\$ 123.4	\$ 119.8	\$ 116.3	\$ 118.3
<b>Non-Operating Revenue</b>	\$ 0.0	\$ 0.0	\$ 0.0	\$ 2.3	\$ 0.0
<b>Total Revenue</b>	\$ 114.6	\$ 123.4	\$ 119.8	\$ 118.6	\$ 118.3
<b>Total Costs</b>	\$ 122.9	\$ 132.9	\$ 143.8	\$ 141.9	\$ 135.1
<b>Total Profit (Loss)</b>	\$ (8.3)	\$ (9.5)	\$ (24.0)	\$ (23.3)	\$ (16.8)

What were the hospital's total margin and operating margins between FY15 and FY19#, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

# The fiscal year 2019 financial performance data shown is sourced from standardized financial statement data submitted by Steward Health Care in September 2020. This data has not been verified by CHIA because audited financial statements and consolidating schedules were not provided by the hospital as required by regulation.

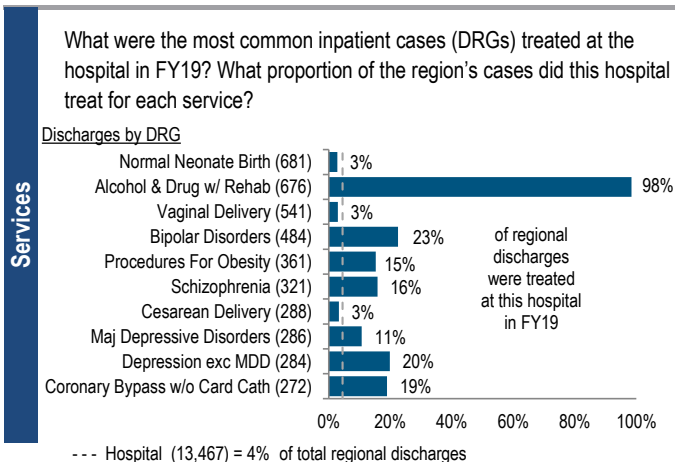
# STEWARD ST. ELIZABETH'S MEDICAL CENTER

## 2019 Hospital Profile

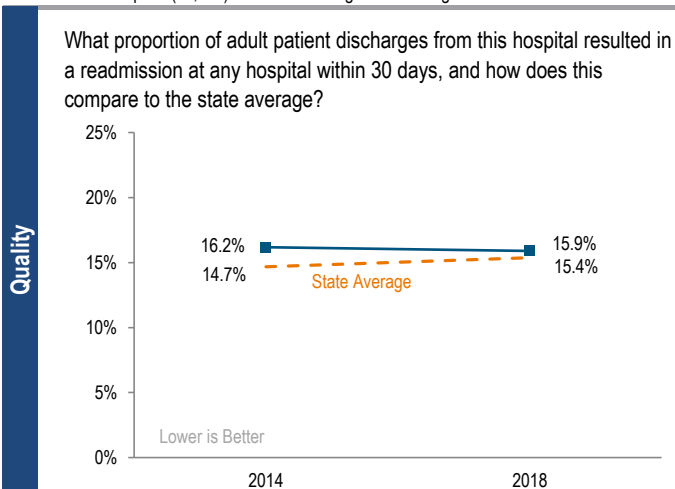
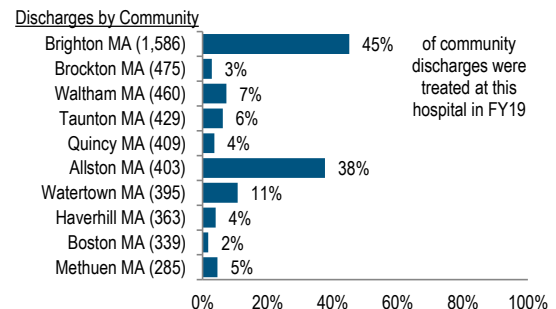
Brighton, MA  
Teaching Hospital  
Metro Boston

Steward Saint Elizabeth's Medical Center is a mid-size, for-profit teaching hospital located in the Metro Boston region. Steward Saint Elizabeth's is a member of Steward Health Care. It also qualifies as a High Public Payer (HPP) hospital. Outpatient visits decreased 1.4% for the hospital between FY15 and FY19, compared to a median decrease of 1.5% for its peer cohort. Steward Saint Elizabeth's Medical Center reported a profit each year in this time period including its largest profit of \$50.3M in FY19 and its largest total margin of 12.6% compared to its peer cohort median of 9.0%.

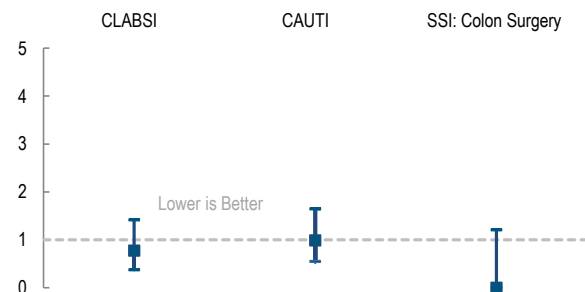
At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Steward Health Care
	Hospital System Surplus (Deficit) in FY19:	Steward Failed to Submit
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	218, mid-size acute hospital
	% Occupancy:	94.7%, highest in cohort avg. (79%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.37, > cohort avg. (1.15); > statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$14,423
	Change FY18-FY19:	2.4%
	Inpatient:Outpatient Revenue in FY19:	57%:43%
	Outpatient Revenue in FY19:	\$124,721,992
	Change FY18-FY19:	6.4%
	Total Revenue in FY19:	\$399,470,309
	Total Surplus (Deficit) in FY19:	\$50,327,666
	<b>Payer Mix</b>	
	Public Payer Mix:	68.1% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.96
	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	13,467
	Change FY18-FY19:	0.0%
	Emergency Department Visits in FY19:	27,412
	Change FY18-FY19:	-1.7%
	Outpatient Visits in FY19:	132,708
	Change FY18-FY19:	7.2%
	<b>Quality</b>	
	Readmission Rate in FY18:	15.9%
	Change FY14-FY18 (percentage points):	-0.3
	Early Elective Deliveries Rate:	0.0%



Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?





# 2019 HOSPITAL PROFILE: STEWARD ST. ELIZABETH'S MEDICAL CENTER

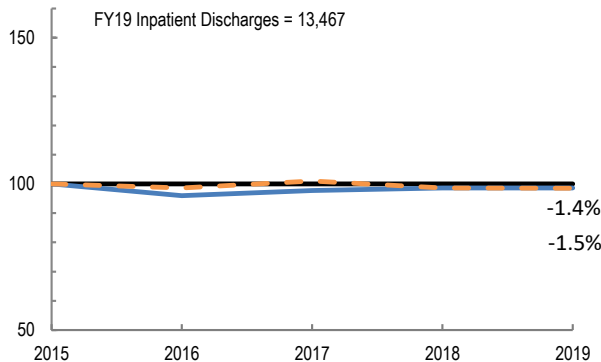
Cohort: Teaching Hospital

Key:

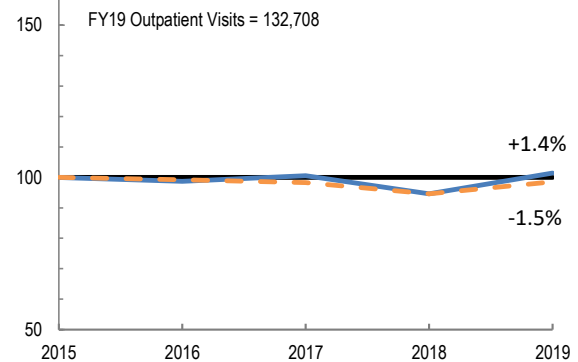


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

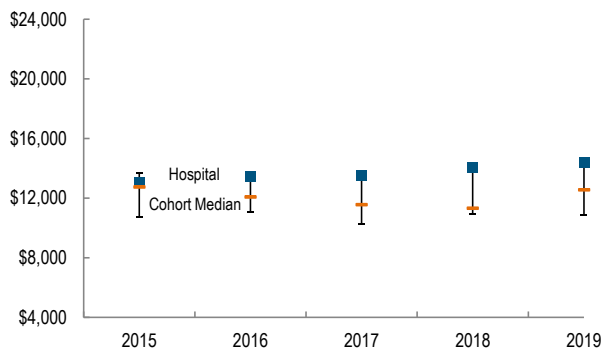


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

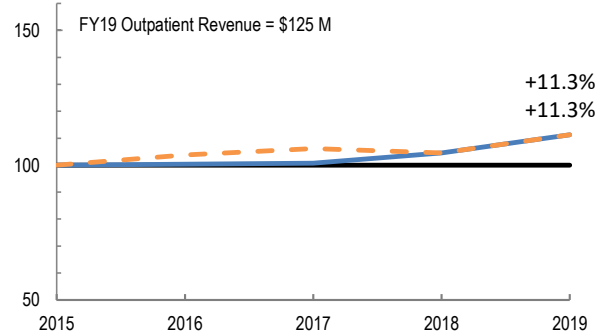


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



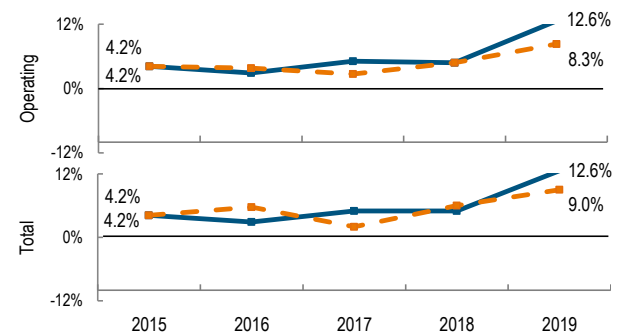
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19#?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 326.3	\$ 334.3	\$ 360.2	\$ 381.0	\$ 399.5
<b>Non-Operating Revenue</b>	\$ 0.1	\$ 0.0	\$ (0.4)	\$ 1.0	\$ 0.0
<b>Total Revenue</b>	\$ 326.4	\$ 334.3	\$ 359.8	\$ 382.0	\$ 399.5
<b>Total Costs</b>	\$ 312.7	\$ 324.7	\$ 341.8	\$ 362.8	\$ 349.1
<b>Total Profit (Loss)</b>	\$ 13.6	\$ 9.7	\$ 18.0	\$ 19.2	\$ 50.3

What were the hospital's total margin and operating margins between FY15 and FY19#, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

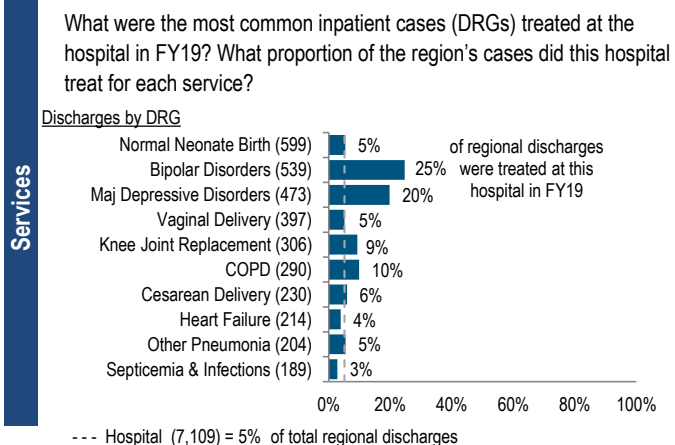
† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

# The fiscal year 2019 financial performance data shown is sourced from standardized financial statement data submitted by Steward Health Care in September 2020. This data has not been verified by CHIA because audited financial statements and consolidating schedules were not provided by the hospital as required by regulation.

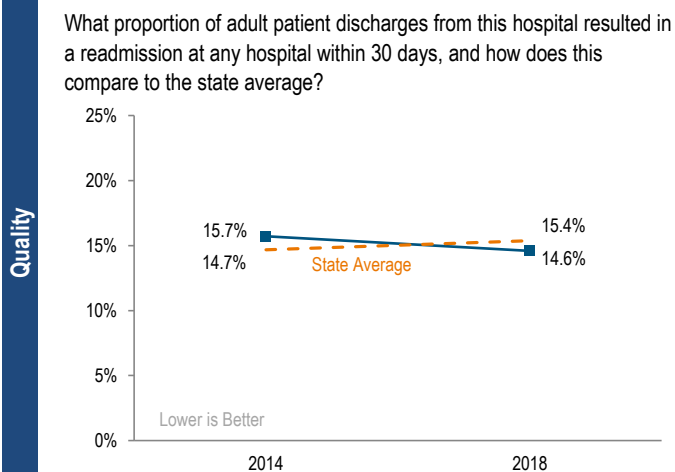
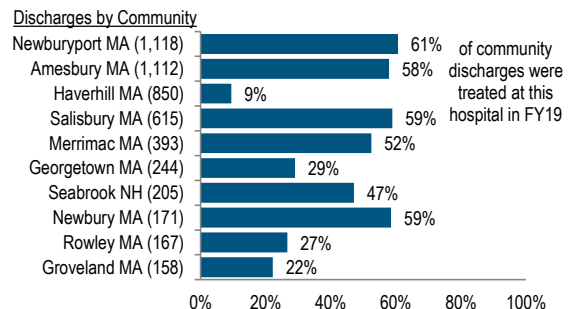


Anna Jaques Hospital is a mid-size, non-profit community hospital located in the Northeastern Massachusetts region. It has been clinically affiliated with Beth Israel Deaconess Medical Center since 2010. It is a member of Beth Israel Lahey Health. From FY15 to FY19, inpatient discharges decreased 2.4% at the hospital, compared to a median increase of 7.9% in its peer cohort. Outpatient visits increased by 20.4% between FY15 and FY19, compared to a median 8.8% increase in its peer cohort. Anna Jaques was profitable each of the five years between FY15 and FY19, with a 7.5% total margin in FY19, above the cohort median of 5.6%.

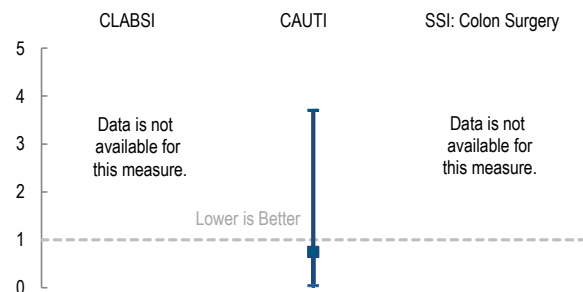
At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Beth Israel Lahey Health
	Hospital System Surplus (Deficit) in FY19:	\$102,634,000
	Change in Ownership (FY15-19):	Beth Israel Lahey Health 3/1/19
	Total Staffed Beds:	140, mid-size acute hospital
	% Occupancy:	59.8%, = cohort avg. (60%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Adult: Level 3
	Case Mix Index:	0.82, < cohort avg. (0.87); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$8,283
	Change FY18-FY19:	-0.4%
	Inpatient:Outpatient Revenue in FY19:	27%:73%
	Outpatient Revenue in FY19:	\$84,963,618
	Change FY18-FY19:	5.0%
	Total Revenue in FY19:	\$85,969,000
	Total Surplus (Deficit) in FY19:	\$6,471,000
	<b>Payer Mix</b>	
	Public Payer Mix:	59.1% (Non-HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.77
	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	7,109
	Change FY18-FY19:	-3.4%
	Emergency Department Visits in FY19:	26,458
	Change FY18-FY19:	-5.5%
	Outpatient Visits in FY19:	69,027
	Change FY18-FY19:	0.1%
	<b>Quality</b>	
	Readmission Rate in FY18:	14.6%
	Change FY14-FY18 (percentage points):	-1.1
	Early Elective Deliveries Rate:	0.0%



Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



## 2019 HOSPITAL PROFILE: ANNA JAKUES HOSPITAL

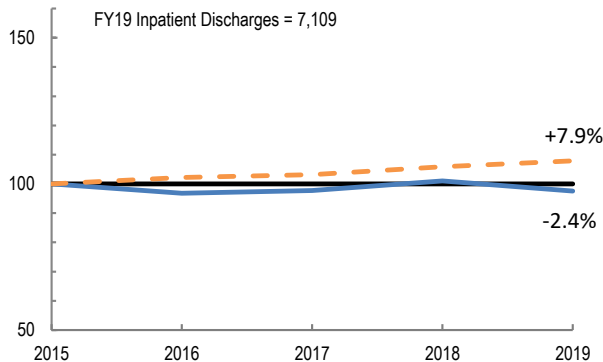
Cohort: Community Hospital

Key:

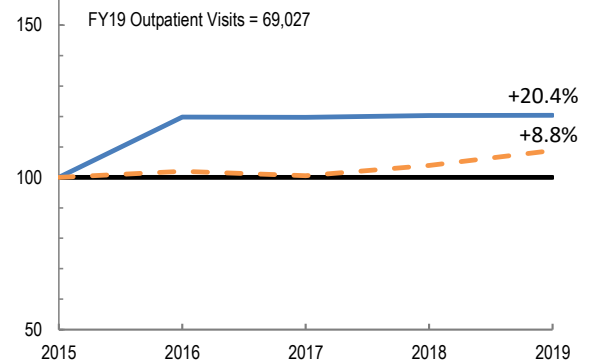


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

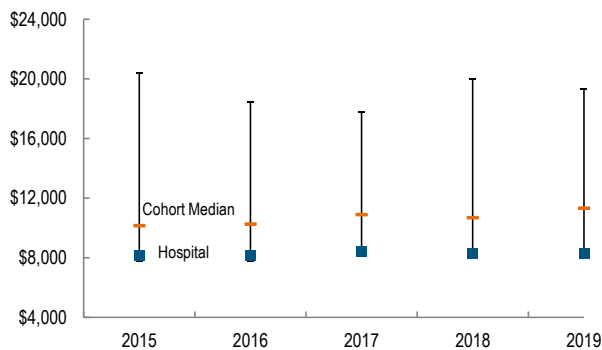


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

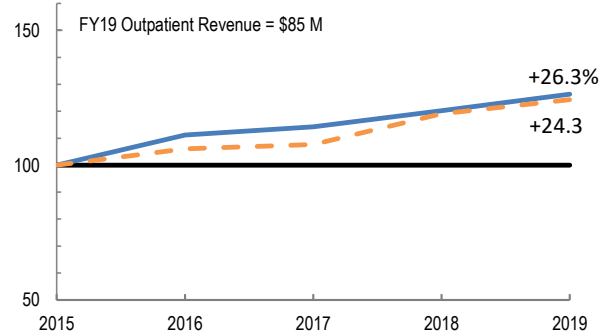


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



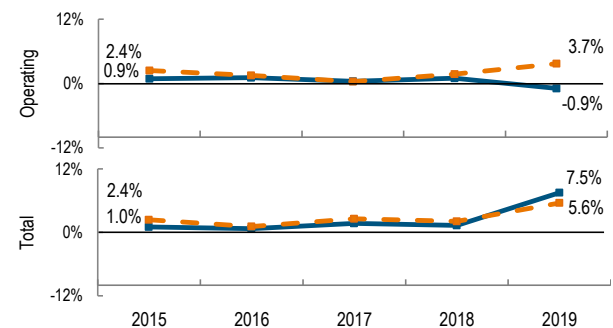
### Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

Revenue, Cost, & Profit/Loss (in millions)\*\*

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 115.9	\$ 124.3	\$ 129.1	\$ 133.8	\$ 78.7
<b>Non-Operating Revenue</b>	\$ 0.2	\$ (0.5)	\$ 1.7	\$ 0.4	\$ 7.3
<b>Total Revenue</b>	\$ 116.1	\$ 123.8	\$ 130.8	\$ 134.1	\$ 86.0
<b>Total Costs</b>	\$ 114.9	\$ 123.0	\$ 128.7	\$ 132.4	\$ 79.5
<b>Total Profit (Loss)</b>	\$ 1.2	\$ 0.8	\$ 2.2	\$ 1.8	\$ 6.5

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\*\* FY19 data reflects the seven months of data after the merger to Beth Israel Lahey Health.

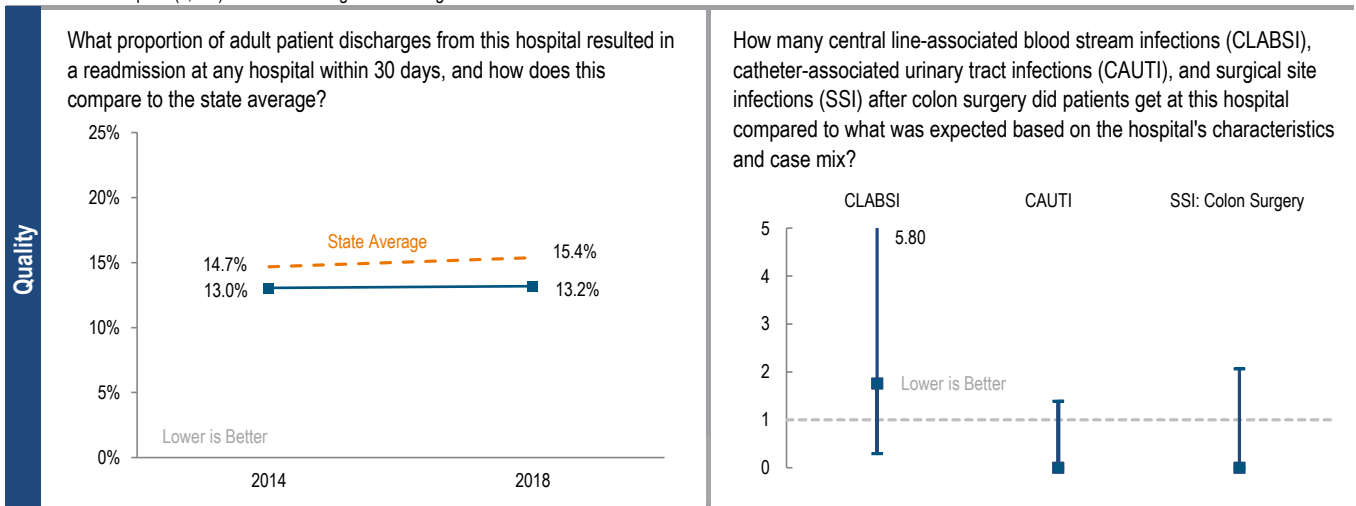
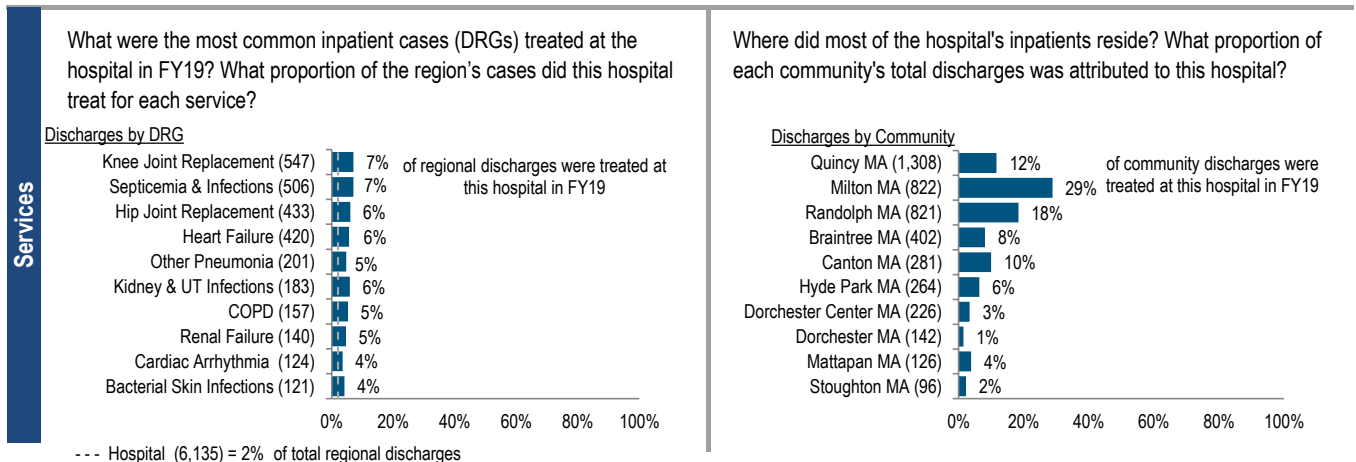
# BETH ISRAEL DEACONESS HOSPITAL - MILTON

## 2019 Hospital Profile

Milton, MA  
Community Hospital  
Metro Boston

Beth Israel Deaconess Hospital – Milton (BID-Milton) is a non-profit community hospital located in the Metro Boston region. At 78 inpatient beds, it is among the smaller acute hospitals in Massachusetts. It is a member of Beth Israel Lahey Health. Between FY15 and FY19, the volume of inpatient discharges at the hospital increased by 33.1% compared to a median increase of 7.9% at cohort hospitals. Outpatient visits increased 17.8% for the hospital between FY15 and FY19, compared to a median increase of 8.8% for its peer cohort. The hospital has reported a profit in each of the last five years. In FY19 it had a total margin of 6.1%, above the 5.6% median of its cohort hospitals.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Beth Israel Lahey Health
	Hospital System Surplus (Deficit) in FY19:	\$102,634,000
	Change in Ownership (FY15-19):	Beth Israel Lahey Health 3/1/19
	Total Staffed Beds:	78, among the smaller acute hospitals
	% Occupancy:	80.7%, highest in cohort avg. (60%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.04, > cohort avg. (0.87); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,682
	Change FY18-FY19:	5.9%
	Inpatient:Outpatient Revenue in FY19:	40%:60%
	Outpatient Revenue in FY19:	\$54,780,151
	Change FY18-FY19:	2.8%
	Total Revenue in FY19:	\$75,186,000
	Total Surplus (Deficit) in FY19:	\$4,609,000
	<b>Payer Mix</b>	
	Public Payer Mix:	57.6% (Non-HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.77
	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	6,135
	Change FY18-FY19:	5.6%
	Emergency Department Visits in FY19:	26,588
	Change FY18-FY19:	1.9%
	Outpatient Visits in FY19:	40,983
	Change FY18-FY19:	3.1%
	<b>Quality</b>	
	Readmission Rate in FY18:	13.2%
	Change FY14-FY18 (percentage points):	0.1
	Early Elective Deliveries Rate:	Not Applicable



For descriptions of the metrics, please see the technical appendix.

# 2019 HOSPITAL PROFILE: BETH ISRAEL DEACONESS HOSPITAL - MILTON

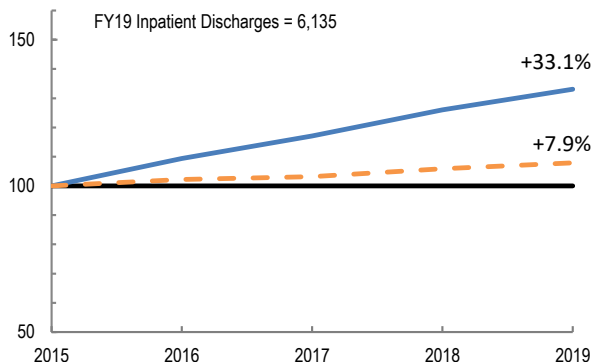
Cohort: Community Hospital

Key:

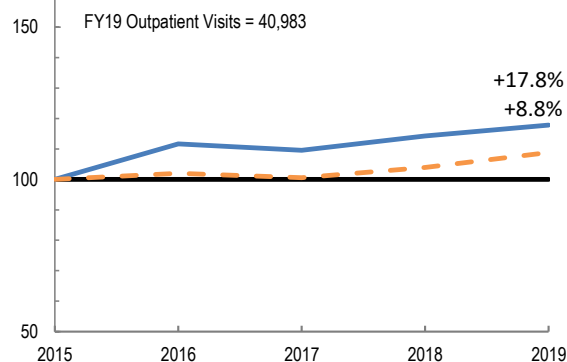


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

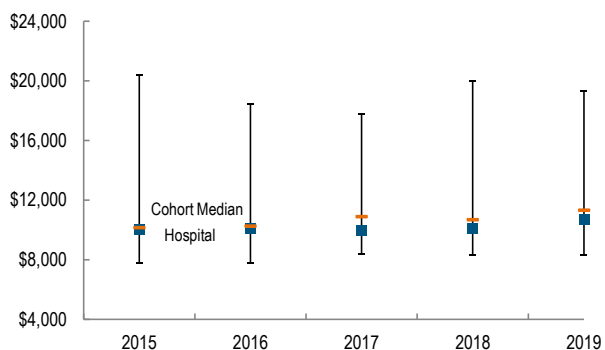


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

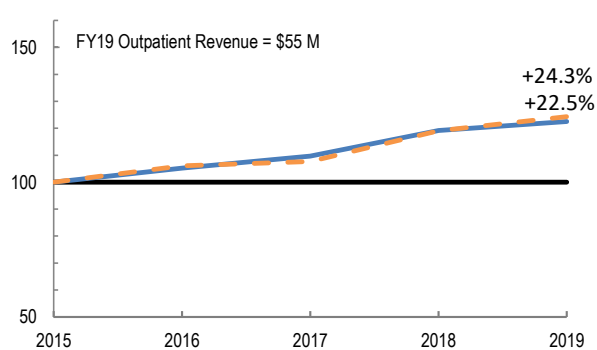


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



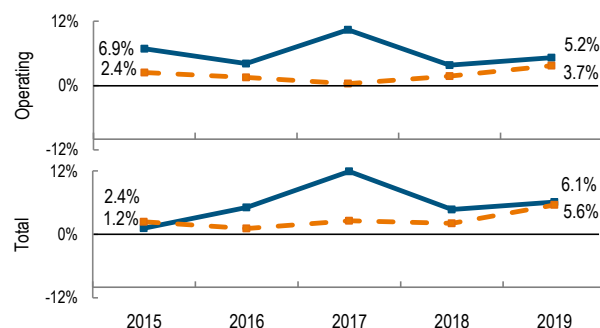
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

Revenue, Cost, & Profit/Loss (in millions)\*\*

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 96.3	\$ 105.5	\$ 117.9	\$ 122.1	\$ 74.5
<b>Non-Operating Revenue</b>	\$ (5.2)	\$ 1.1	\$ 1.8	\$ 1.2	\$ 0.7
<b>Total Revenue</b>	\$ 91.1	\$ 106.5	\$ 119.7	\$ 123.3	\$ 75.2
<b>Total Costs</b>	\$ 90.0	\$ 101.1	\$ 105.5	\$ 117.4	\$ 70.6
<b>Total Profit (Loss)</b>	\$ 1.1	\$ 5.4	\$ 14.2	\$ 5.8	\$ 4.6

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\*\* FY19 data reflects the seven months of data after the merger to Beth Israel Lahey Health.

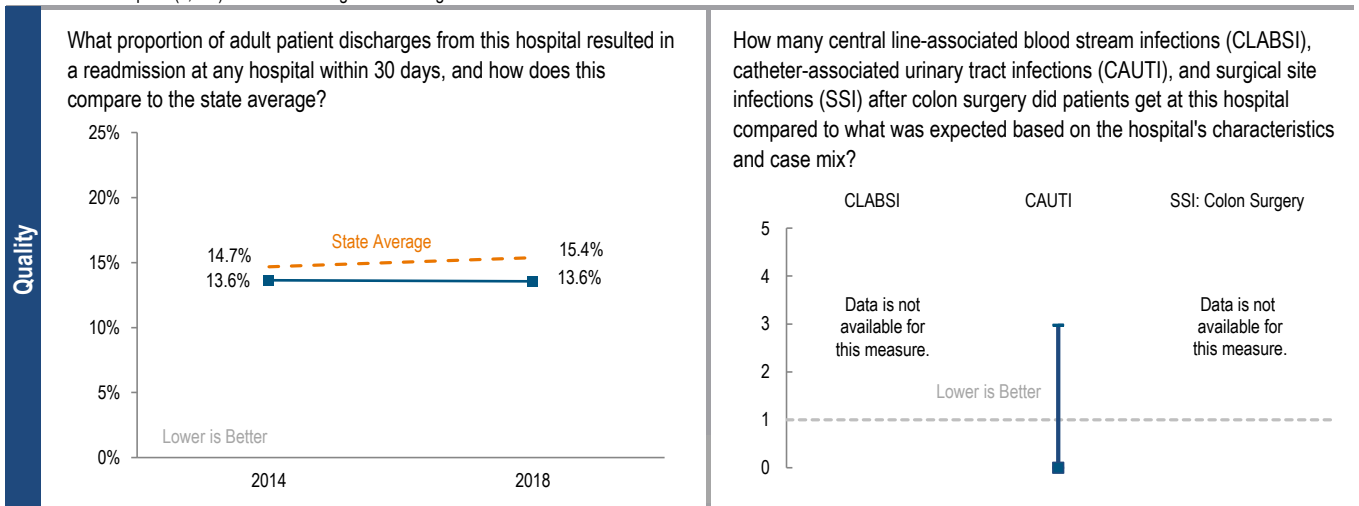
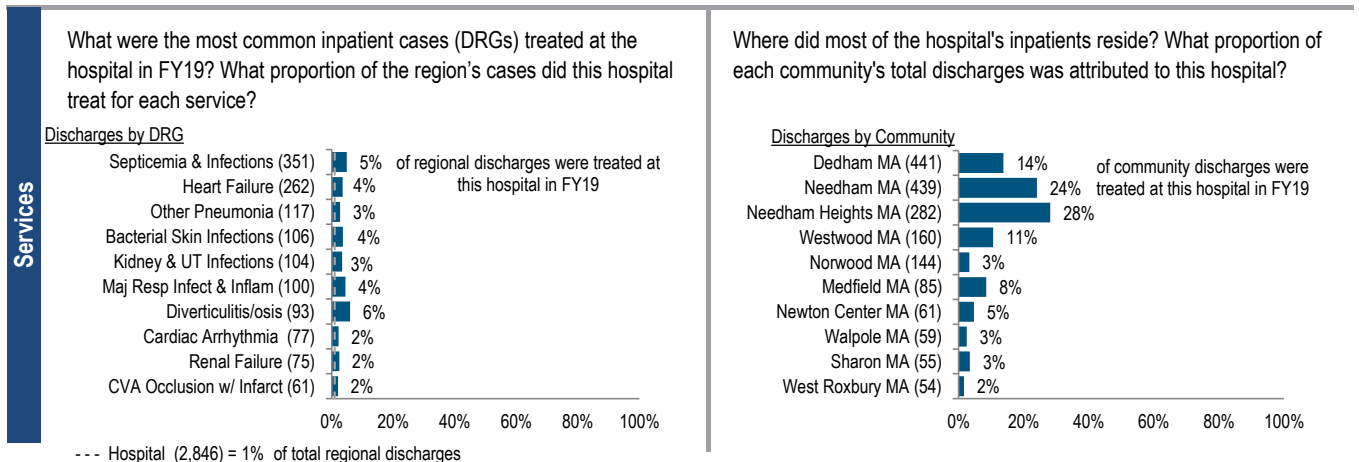
# BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM

## 2019 Hospital Profile

Needham, MA  
Community Hospital  
Metro Boston

Beth Israel Deaconess Hospital – Needham (BID-Needham) is a non-profit community hospital located in the Metro Boston region. At 45 inpatient beds, it is among the smaller acute hospitals in Massachusetts. It is a member of Beth Israel Lahey Health. Between FY15 and FY19, the volume of inpatient discharges at the hospital increased by 29.1% compared to a median increase of 7.9% at cohort hospitals. Outpatient visits increased 41.7% for the hospital between FY15 and FY19, compared to a median increase of 8.8% for its peer cohort. The hospital has reported a profit in four of the last five years. In FY19 it had a total margin of 1.7%, below the 5.6% median of its cohort hospitals.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Beth Israel Lahey Health
	Hospital System Surplus (Deficit) in FY19:	\$102,634,000
	Change in Ownership (FY15-19):	Beth Israel Lahey Health 3/1/19
	Total Staffed Beds:	45, among the smaller acute hospitals
	% Occupancy:	64.6%, > cohort avg. (60%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.99, > cohort avg. (0.87); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$11,208
	Change FY18-FY19:	24.0%
	Inpatient:Outpatient Revenue in FY19:	18%:82%
	Outpatient Revenue in FY19:	\$68,497,170
	Change FY18-FY19:	1.1%
	Total Revenue in FY19:	\$60,828,000
	Total Surplus (Deficit) in FY19:	\$1,033,000
	<b>Payer Mix</b>	
	Public Payer Mix:	51.5% (Non-HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.92
	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	2,846
	Change FY18-FY19:	0.5%
	Emergency Department Visits in FY19:	16,673
	Change FY18-FY19:	-1.2%
	Outpatient Visits in FY19:	66,488
	Change FY18-FY19:	3.0%
	<b>Quality</b>	
	Readmission Rate in FY18:	13.6%
	Change FY14-FY18 (percentage points):	-0.1
	Early Elective Deliveries Rate:	Not Applicable



For descriptions of the metrics, please see the technical appendix.

# 2019 HOSPITAL PROFILE: BETH ISRAEL DEACONESS HOSPITAL - NEEDHAM

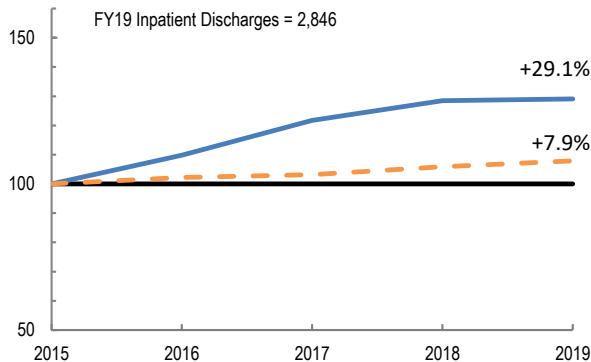
Cohort: Community Hospital

Key:

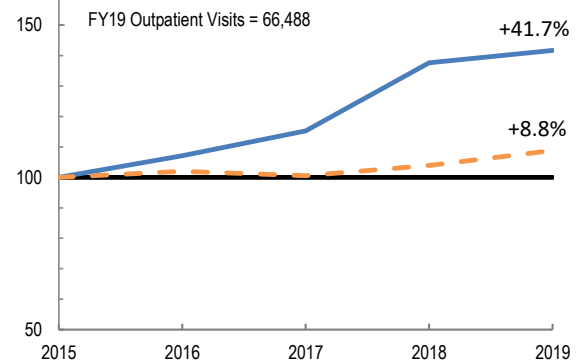


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

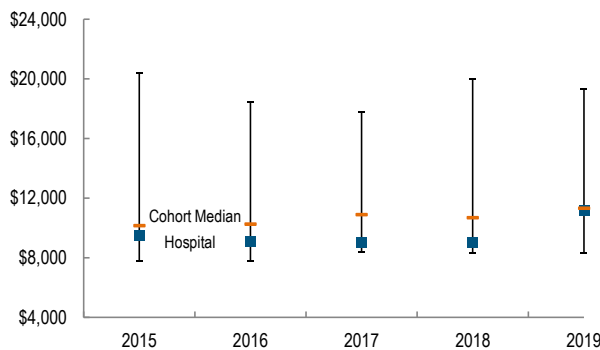


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

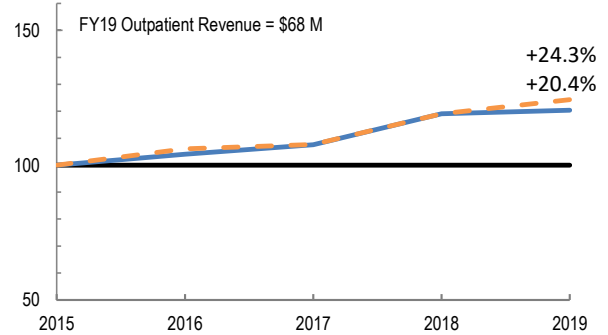


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



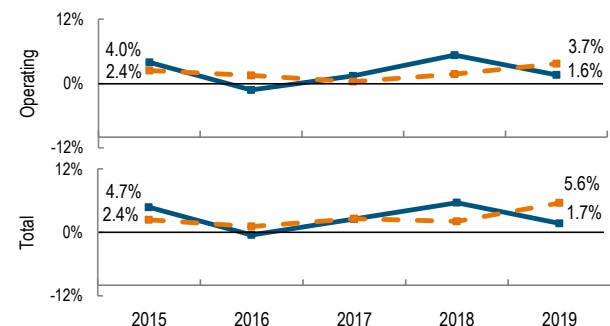
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

Revenue, Cost, & Profit/Loss (in millions)\*\*

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 77.6	\$ 82.5	\$ 86.7	\$ 97.1	\$ 60.8
<b>Non-Operating Revenue</b>	\$ 0.6	\$ 0.6	\$ 1.0	\$ 0.3	\$ 0.0
<b>Total Revenue</b>	\$ 78.2	\$ 83.1	\$ 87.7	\$ 97.3	\$ 60.8
<b>Total Costs</b>	\$ 74.5	\$ 83.5	\$ 85.5	\$ 91.9	\$ 59.8
<b>Total Profit (Loss)</b>	\$ 3.7	\$ (0.4)	\$ 2.2	\$ 5.4	\$ 1.0

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\*\* FY19 data reflects the seven months of data after the merger to Beth Israel Lahey Health.

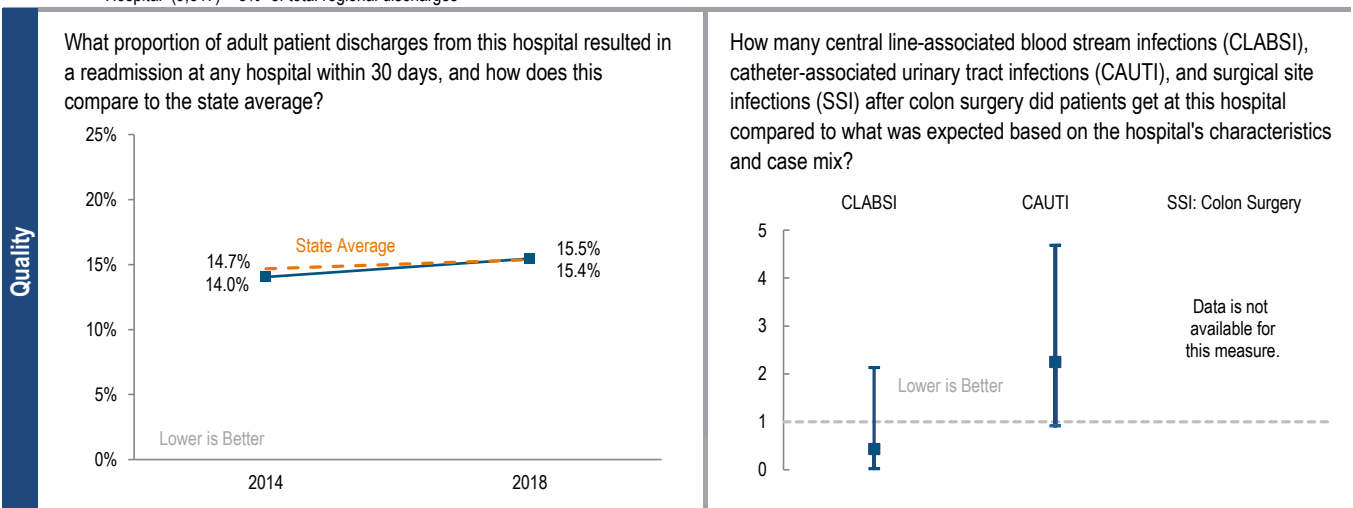
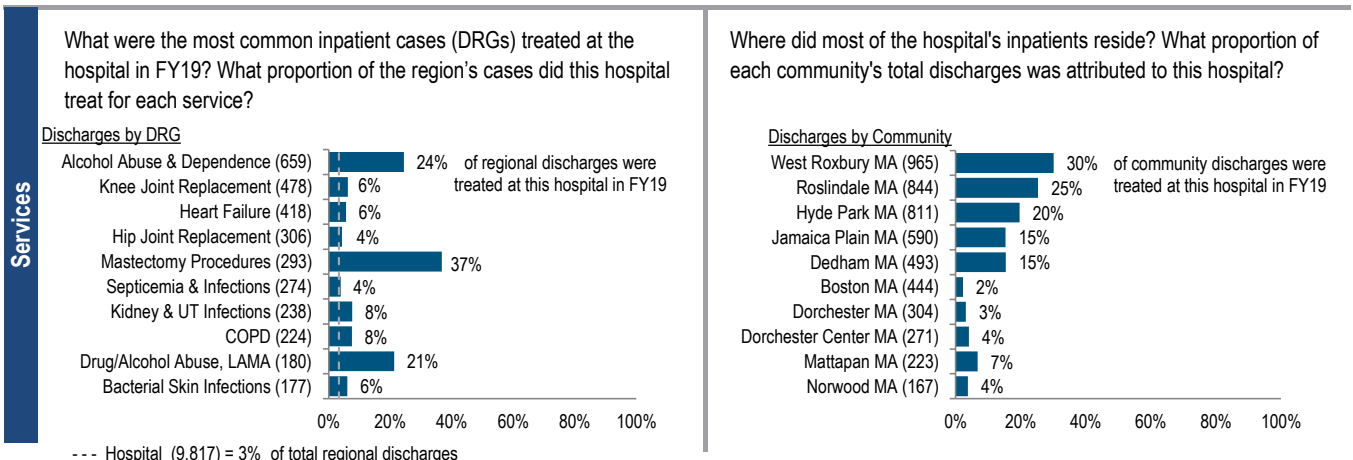
# BRIGHAM AND WOMEN'S FAULKNER HOSPITAL

## 2019 Hospital Profile

Boston, MA  
Community Hospital  
Metro Boston

Brigham and Women's Faulkner Hospital is a non-profit community hospital located in the Metro Boston region. It is a mid-size acute hospital and a member of Partners Health Care. Between FY15 and FY19, the volume of inpatient discharges at the hospital increased by 15.9% compared to a median increase of 7.9% at cohort hospitals. Outpatient visits decreased 5.9% for the hospital between FY15 and FY19, compared to a median increase of 8.8% for its peer cohort. The hospital has reported a profit in each of the last five years. In FY19 it had a total margin of 8.1%, above the 5.6% median of its cohort hospitals.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Partners Health Care
	Hospital System Surplus (Deficit) in FY19:	\$486,164,000
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	171, mid-size acute hospital
	% Occupancy:	70.4%, > cohort avg. (60%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.00, > cohort avg. (0.87); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$12,250
	Change FY18-FY19:	-6.3%
	Inpatient:Outpatient Revenue in FY19:	37%:63%
	Outpatient Revenue in FY19:	\$161,618,126
	Change FY18-FY19:	12.6%
	Total Revenue in FY19:	\$290,184,000
	Total Surplus (Deficit) in FY19:	\$23,631,000
	<b>Payer Mix</b>	
	Public Payer Mix:	59.8% (Non-HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	1.06
	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim United Healthcare Insurance Company
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	9,817
	Change FY18-FY19:	-2.0%
	Emergency Department Visits in FY19:	27,848
	Change FY18-FY19:	-1.5%
	Outpatient Visits in FY19:	31,881
	Change FY18-FY19:	-2.3%
	<b>Quality</b>	
	Readmission Rate in FY18:	15.5%
	Change FY14-FY18 (percentage points):	1.4
	Early Elective Deliveries Rate:	Not Applicable



For descriptions of the metrics, please see the technical appendix.



# 2019 HOSPITAL PROFILE: BRIGHAM AND WOMEN'S FAULKNER HOSPITAL

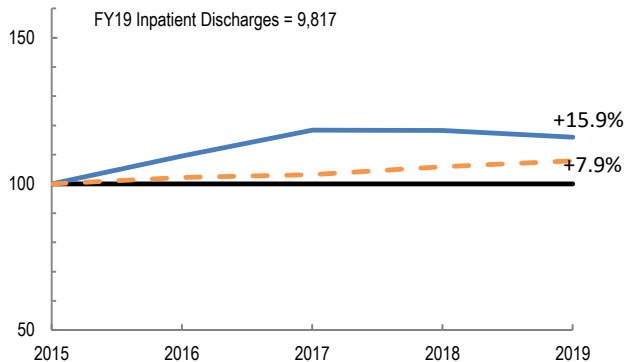
Cohort: Community Hospital

Key:

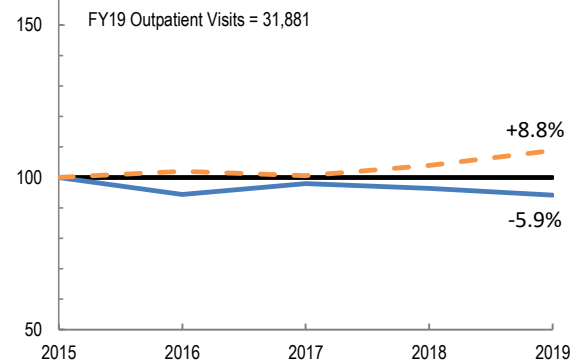
— Hospital  
- - - Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

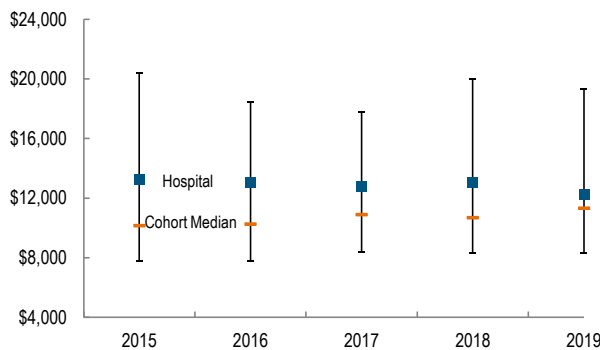


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

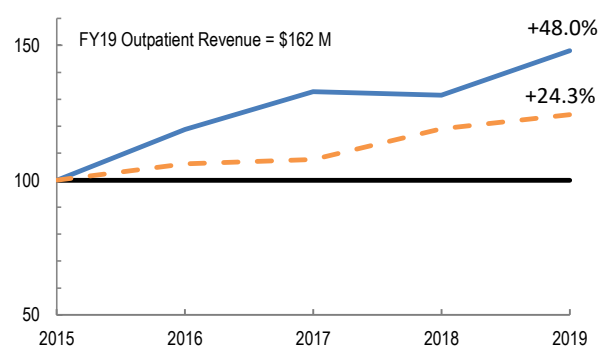


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



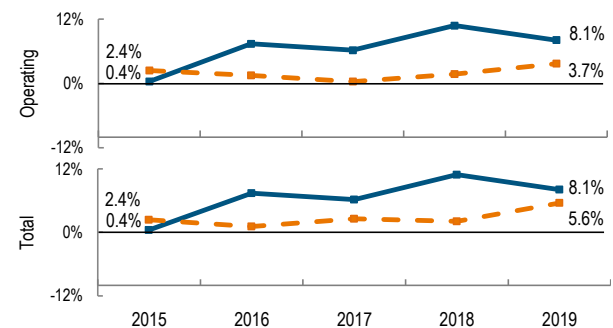
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 219.0	\$ 254.9	\$ 275.3	\$ 278.3	\$ 289.9
<b>Non-Operating Revenue</b>	\$ 0.1	\$ (0.1)	\$ 0.1	\$ 0.2	\$ 0.3
<b>Total Revenue</b>	\$ 219.1	\$ 254.7	\$ 275.3	\$ 278.5	\$ 290.2
<b>Total Costs</b>	\$ 218.2	\$ 235.9	\$ 258.2	\$ 248.2	\$ 266.6
<b>Total Profit (Loss)</b>	\$ 1.0	\$ 18.8	\$ 17.1	\$ 30.2	\$ 23.6

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

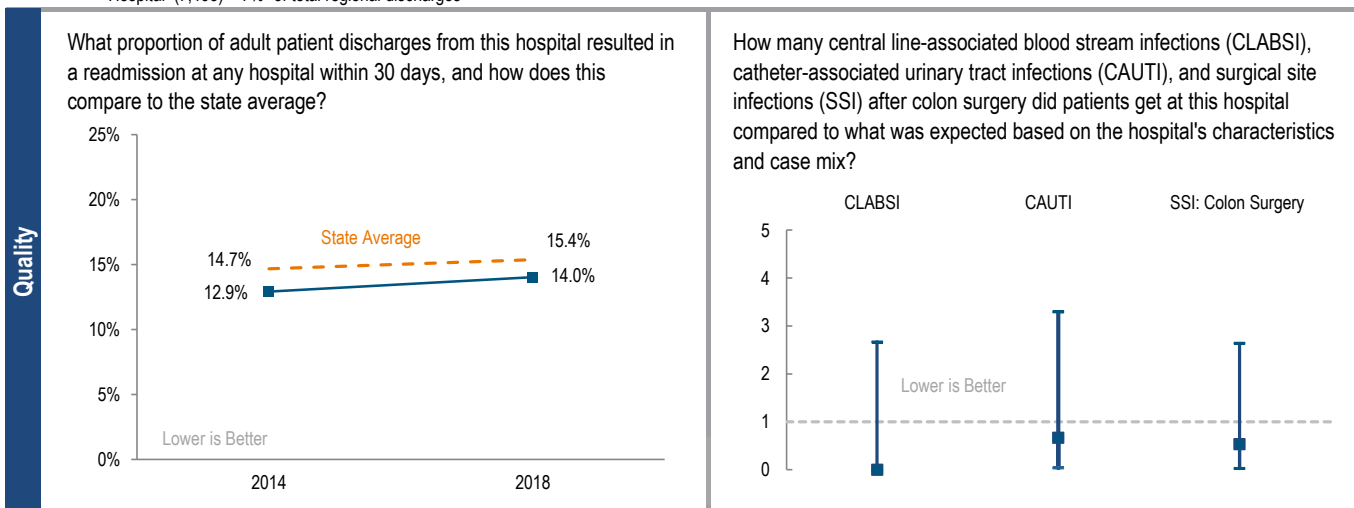
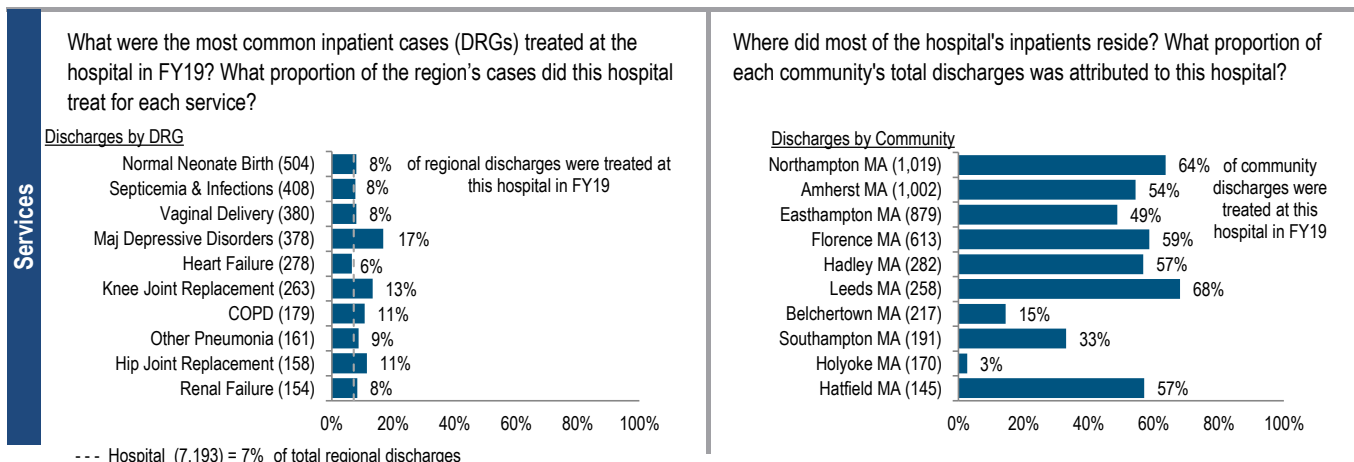
\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).



Cooley Dickinson Hospital is a community hospital located in the Western Massachusetts region. It is a mid-size acute hospital and a member of Partners Health Care. Between FY15 and FY19, inpatient discharges at the hospital have increased by 4.3%, compared with a median increase of 7.9% among cohort hospitals. In the same period, outpatient visits increased by 4.7%, compared to an 8.8% median increase in its cohort. After reporting a loss in FY18, Cooley Dickinson Hospital reported a profit of \$15.7M in FY19 and a total margin of 7.6%, compared to a median total margin of 5.6% in its cohort.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Partners Health Care
	Hospital System Surplus (Deficit) in FY19:	\$486,164,000
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	151, mid-size acute hospital
	% Occupancy:	57.1%, < cohort avg. (60%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.91, > cohort avg. (0.87); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$11,341
	Change FY18-FY19:	7.3%
	Inpatient:Outpatient Revenue in FY19:	31%:69%
	Outpatient Revenue in FY19:	\$125,743,658
	Change FY18-FY19:	9.9%
	Total Revenue in FY19:	\$206,633,000
	Total Surplus (Deficit) in FY19:	\$15,656,000
	<b>Payer Mix</b>	
	Public Payer Mix:	62.3% (Non-HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	1.07
	Top 3 Commercial Payers:	Blue Cross Blue Shield Health New England UniCare
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	7,193
	Change FY18-FY19:	1.6%
	Emergency Department Visits in FY19:	33,364
	Change FY18-FY19:	-0.2%
	Outpatient Visits in FY19:	53,500
	Change FY18-FY19:	0.0%
	<b>Quality</b>	
	Readmission Rate in FY18:	14.0%
	Change FY14-FY18 (percentage points):	1.1
	Early Elective Deliveries Rate:	0.0%



# 2019 HOSPITAL PROFILE: COOLEY DICKINSON HOSPITAL

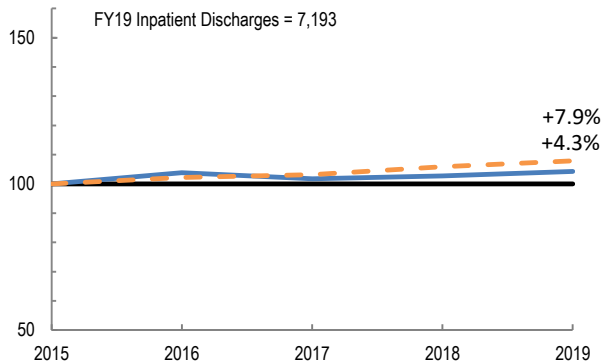
Cohort: Community Hospital

Key:

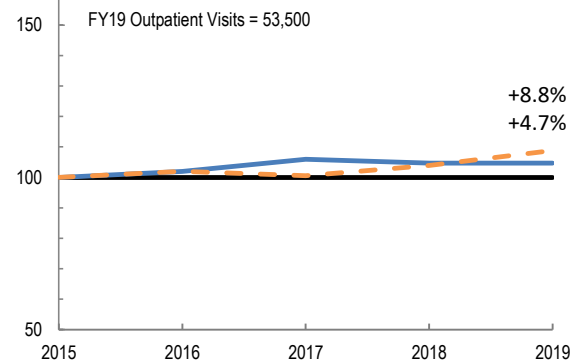


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

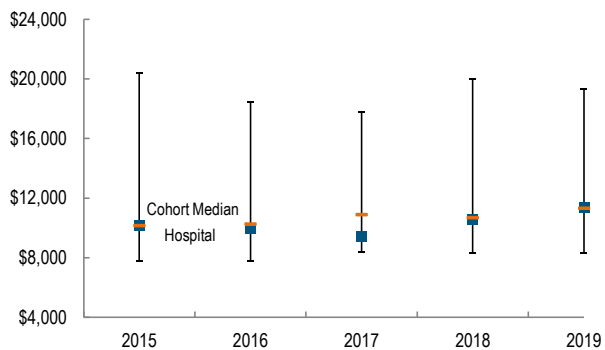


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

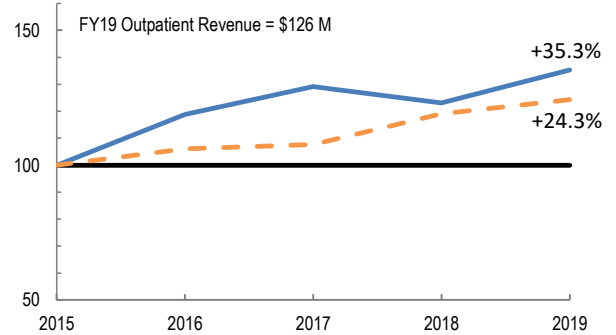


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



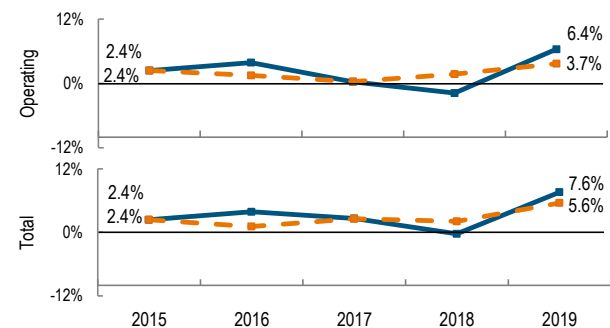
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 157.5	\$ 178.1	\$ 183.0	\$ 184.5	\$ 204.1
<b>Non-Operating Revenue</b>	\$ (0.1)	\$ 0.1	\$ 4.2	\$ 2.8	\$ 2.5
<b>Total Revenue</b>	\$ 157.4	\$ 178.1	\$ 187.3	\$ 187.2	\$ 206.6
<b>Total Costs</b>	\$ 153.7	\$ 171.2	\$ 182.4	\$ 187.9	\$ 191.0
<b>Total Profit (Loss)</b>	\$ 3.7	\$ 7.0	\$ 4.9	\$ (0.6)	\$ 15.7

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



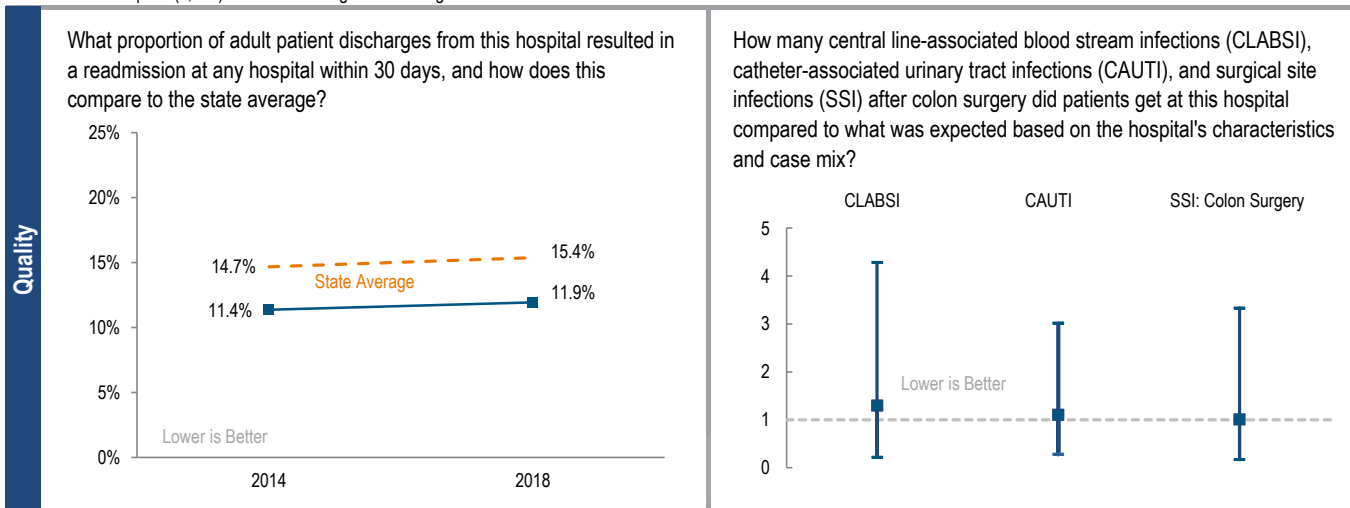
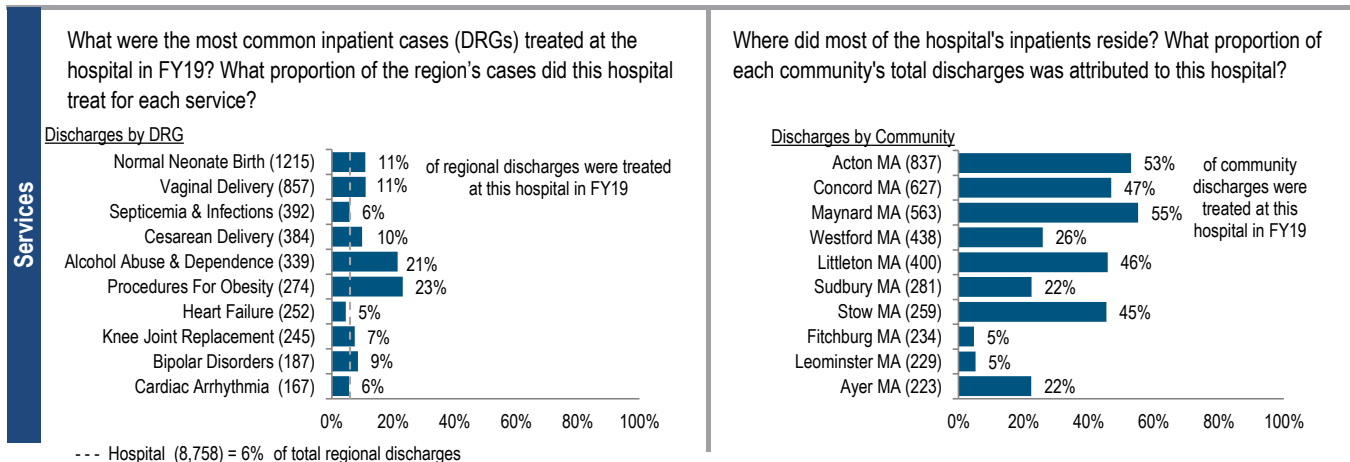
For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

Emerson Hospital is a mid-size, non-profit community hospital located in the Northeastern Massachusetts region. Between FY15 and FY19, the volume of inpatient discharges at the hospital decreased by 1.6% compared to a median increase of 7.9% at cohort hospitals. Outpatient visits decreased by 1.8% for the hospital between FY15 and FY19, compared to a median increase of 8.8% for its peer cohort. Emerson Hospital reported a profit of \$2.1M in FY19 and a total margin of 0.8% compared to the median of 5.6% at its cohort hospitals.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Emerson Health System Inc. and Subsid.
	Hospital System Surplus (Deficit) in FY19:	\$2,042,974
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	199, mid-size acute hospital
	% Occupancy:	54.4%, < cohort avg. (60%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.86, < cohort avg. (0.87); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$11,357
	Change FY18-FY19:	9.0%
	Inpatient:Outpatient Revenue in FY19:	23%:77%
	Outpatient Revenue in FY19:	\$178,592,643
	Change FY18-FY19:	9.0%
	Total Revenue in FY19:	\$270,434,191
	Total Surplus (Deficit) in FY19:	\$2,051,144
	<b>Payer Mix</b>	
	Public Payer Mix:	47.1% (Non-HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.90
	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim United Healthcare Insurance Company
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	8,758
	Change FY18-FY19:	2.5%
	Emergency Department Visits in FY19:	30,996
	Change FY18-FY19:	-2.6%
	Outpatient Visits in FY19:	91,689
	Change FY18-FY19:	0.0%
	<b>Quality</b>	
	Readmission Rate in FY18:	11.9%
	Change FY14-FY18 (percentage points):	0.6
	Early Elective Deliveries Rate:	1.2%



## 2019 HOSPITAL PROFILE: EMERSON HOSPITAL

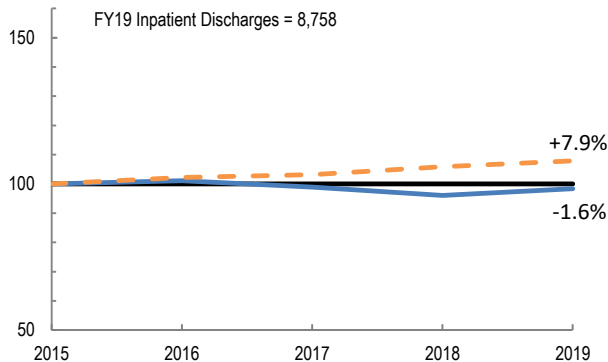
Cohort: Community Hospital

Key:

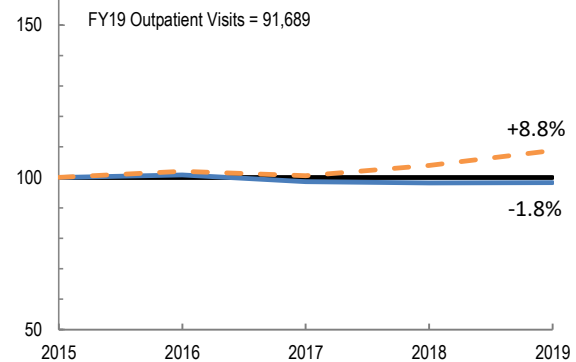


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

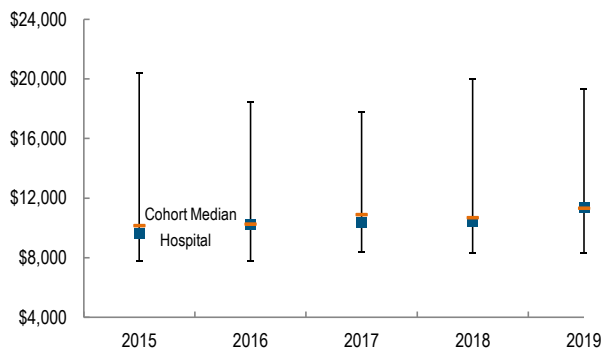


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

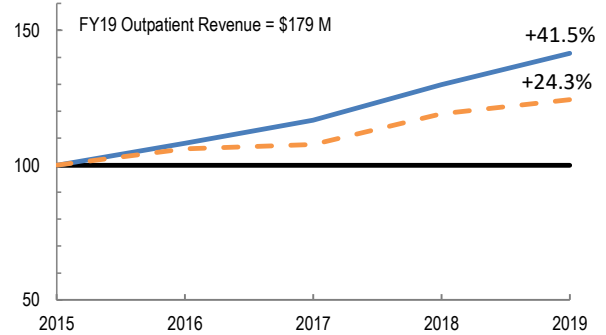


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



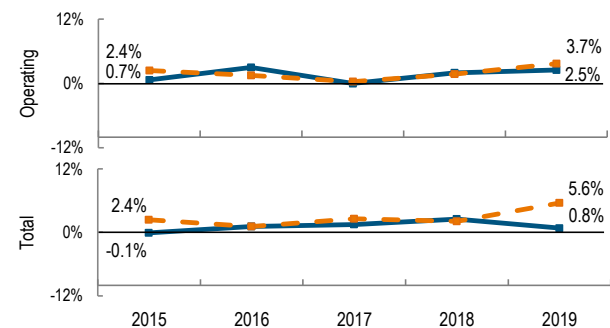
### Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 203.4	\$ 222.2	\$ 238.8	\$ 252.3	\$ 275.2
<b>Non-Operating Revenue</b>	\$ (1.6)	\$ (4.2)	\$ 3.5	\$ 1.1	\$ (4.8)
<b>Total Revenue</b>	\$ 201.8	\$ 218.0	\$ 242.4	\$ 253.4	\$ 270.4
<b>Total Costs</b>	\$ 202.0	\$ 215.7	\$ 238.8	\$ 247.2	\$ 268.4
<b>Total Profit (Loss)</b>	\$ (0.2)	\$ 2.4	\$ 3.6	\$ 6.2	\$ 2.1

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



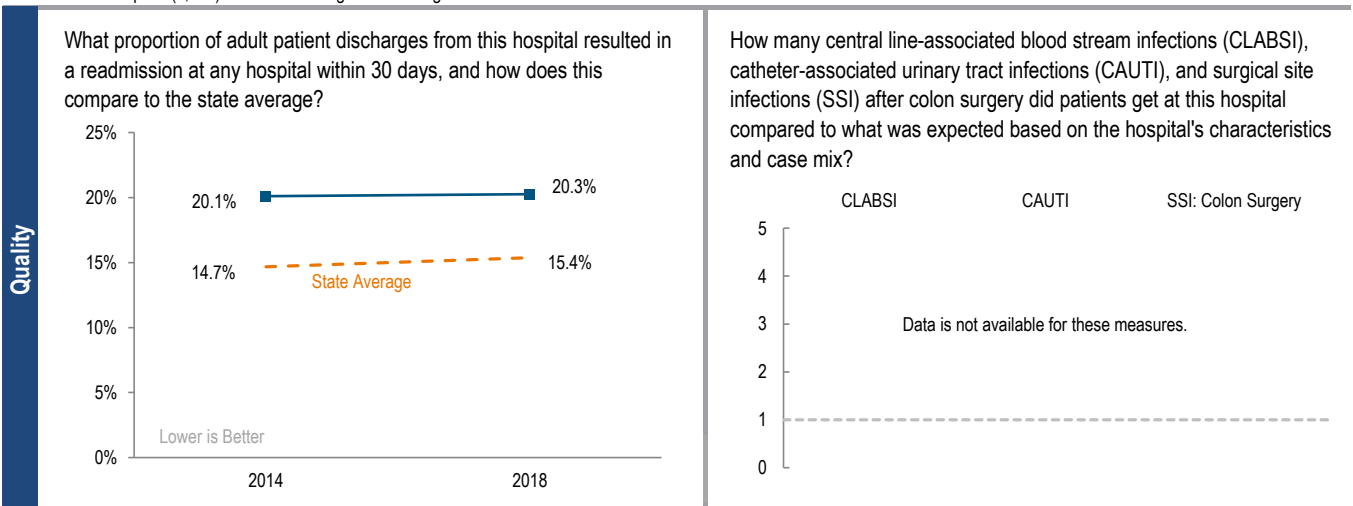
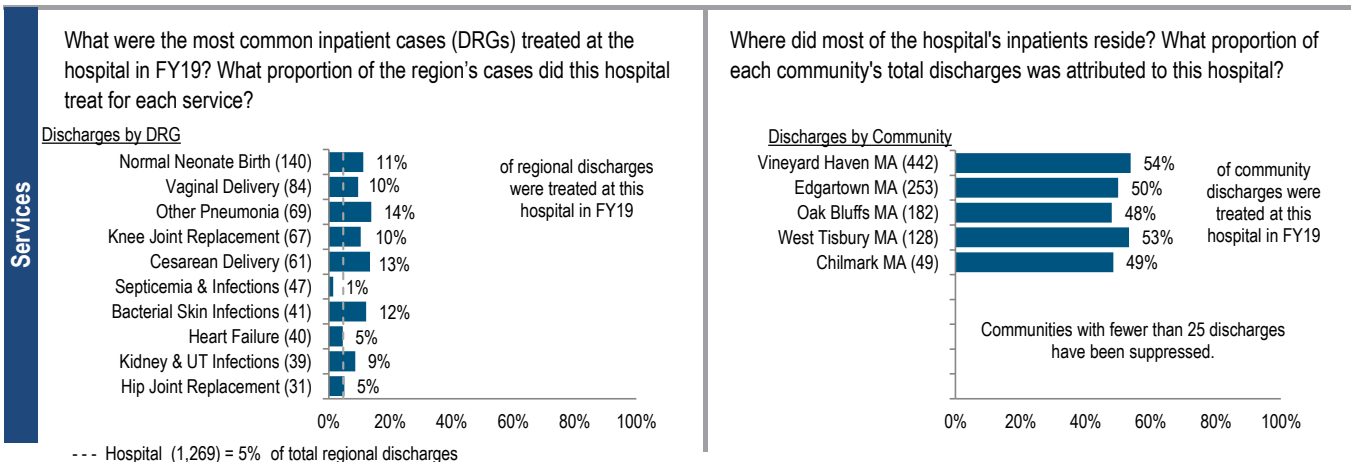
For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

Martha's Vineyard Hospital is a small, non-profit community hospital located in the Cape and Islands region. It is a member of Partners Health Care. Martha's Vineyard Hospital is designated by the Centers for Medicare & Medicaid Services (CMS) as one of three Critical Access Hospitals (CAH) in Massachusetts. Between FY15 and FY19, the volume of inpatient discharges decreased 3.9% compared to a median increase of 7.9% at cohort hospitals. It was profitable each year from FY15 to FY19, with a total margin of 9.7% in FY19, compared to a median total margin of 5.6% among peer cohort hospitals.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Partners Health Care
	Hospital System Surplus (Deficit) in FY19:	\$486,164,000
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	31, among the smallest acute hospitals
	% Occupancy:	47.1%, < cohort avg. (60%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.68, < cohort avg. (0.87); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$19,293
	Change FY18-FY19:	22.0%
	Inpatient:Outpatient Revenue in FY19:	15%:85%
	Outpatient Revenue in FY19:	\$78,838,270
	Change FY18-FY19:	16.3%
	Total Revenue in FY19:	\$103,204,000
	Total Surplus (Deficit) in FY19:	\$9,986,000
	<b>Payer Mix</b>	
	Public Payer Mix:	61.9% (Non-HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	1.81
	Top 3 Commercial Payers:	Blue Cross Blue Shield AllWays Harvard Pilgrim
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	1,269
	Change FY18-FY19:	-5.7%
	Emergency Department Visits in FY19:	14,772
	Change FY18-FY19:	0.9%
	Outpatient Visits in FY19:	62,562
	Change FY18-FY19:	2.0%
	<b>Quality</b>	
	Readmission Rate in FY18:	20.3%
	Change FY14-FY18 (percentage points):	0.2
	Early Elective Deliveries Rate:	Not Available



# 2019 HOSPITAL PROFILE: MARTHA'S VINEYARD HOSPITAL

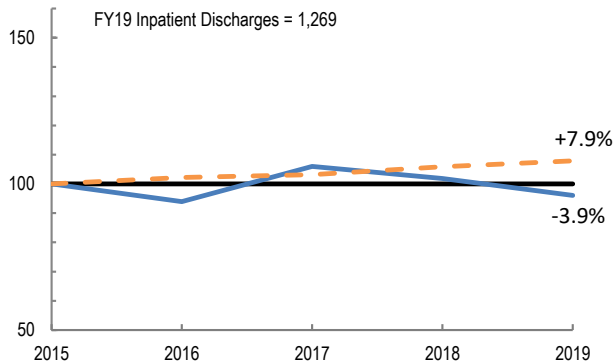
Cohort: Community Hospital

Key:

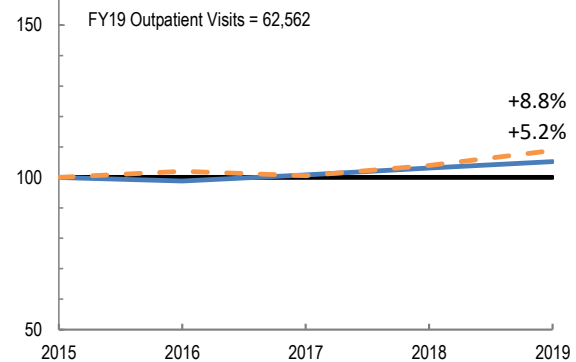


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

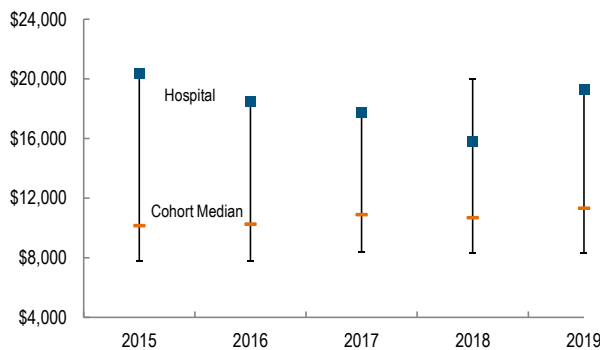


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

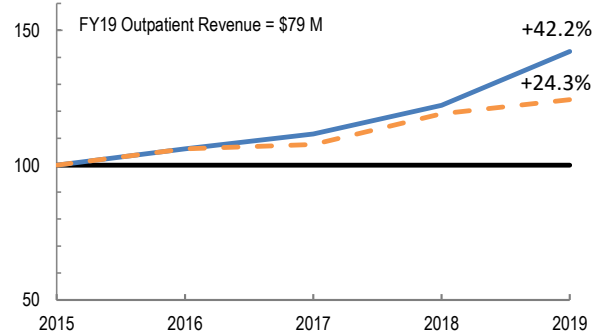


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



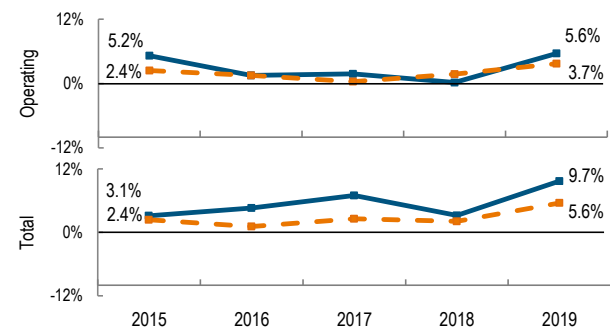
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 76.5	\$ 77.6	\$ 85.6	\$ 88.1	\$ 99.0
<b>Non-Operating Revenue</b>	\$ (1.5)	\$ 2.5	\$ 4.7	\$ 2.7	\$ 4.2
<b>Total Revenue</b>	\$ 75.0	\$ 80.1	\$ 90.2	\$ 90.8	\$ 103.2
<b>Total Costs</b>	\$ 72.6	\$ 76.4	\$ 83.9	\$ 87.9	\$ 93.2
<b>Total Profit (Loss)</b>	\$ 2.4	\$ 3.7	\$ 6.3	\$ 2.9	\$ 10.0

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?

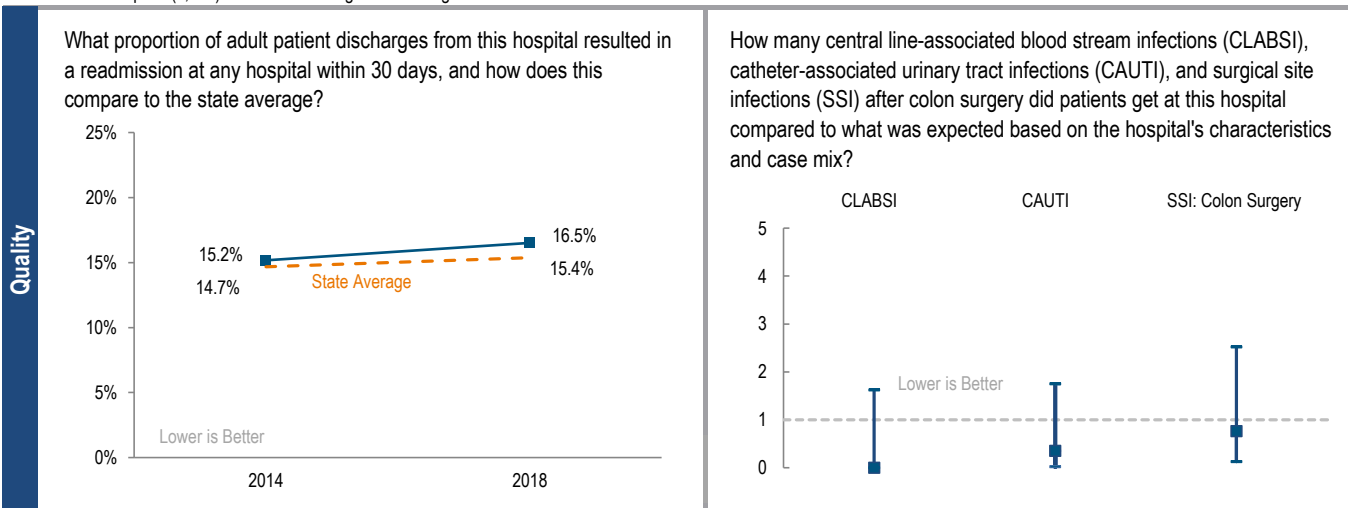
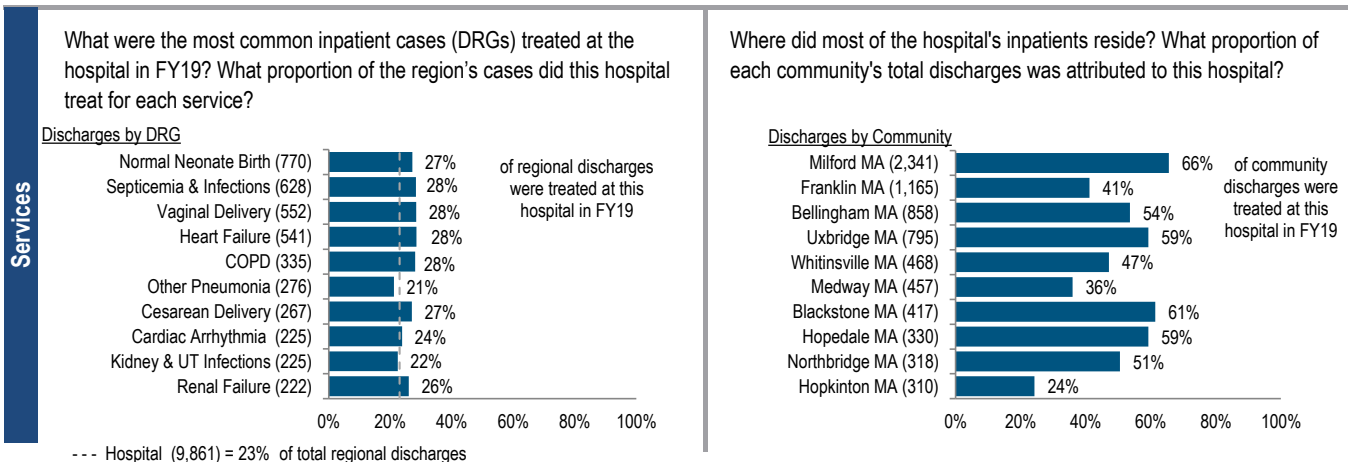


For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Milford Regional Medical Center is a mid-size, non-profit community hospital located in the Metro West region. Between FY15 and FY19, the volume of inpatient discharges at the hospital increased by 13.4% compared to a median increase of 7.9% at cohort hospitals. Outpatient visits increased 12.5% for the hospital between FY15 and FY19, compared to a median increase of 8.8% for its peer cohort. Milford Regional Medical Center reported a profit in each of the last five years including a \$13.9M profit in FY19. Its FY19 total margin was 6.0% compared to a median total margin of 5.6% at peer cohort hospitals.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Milford Regional Medical Ctr, Inc. & Affil.
	Hospital System Surplus (Deficit) in FY19:	\$2,000,157
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	164, mid-size acute hospital
	% Occupancy:	58.8%, < cohort avg. (60%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.93, > cohort avg. (0.87); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$8,434
	Change FY18-FY19:	-2.0%
	Inpatient:Outpatient Revenue in FY19:	27%:73%
	Outpatient Revenue in FY19:	\$141,936,702
	Change FY18-FY19:	5.4%
	Total Revenue in FY19:	\$232,663,752
	Total Surplus (Deficit) in FY19:	\$13,865,242
	<b>Payer Mix</b>	
	Public Payer Mix:	53.5% (Non-HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.86
	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim United Healthcare Insurance Company
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	9,861
	Change FY18-FY19:	1.9%
	Emergency Department Visits in FY19:	60,213
	Change FY18-FY19:	1.4%
	Outpatient Visits in FY19:	131,769
	Change FY18-FY19:	1.5%
	<b>Quality</b>	
	Readmission Rate in FY18:	16.5%
	Change FY14-FY18 (percentage points):	1.3
	Early Elective Deliveries Rate:	0.0%





# 2019 HOSPITAL PROFILE: MILFORD REGIONAL MEDICAL CENTER

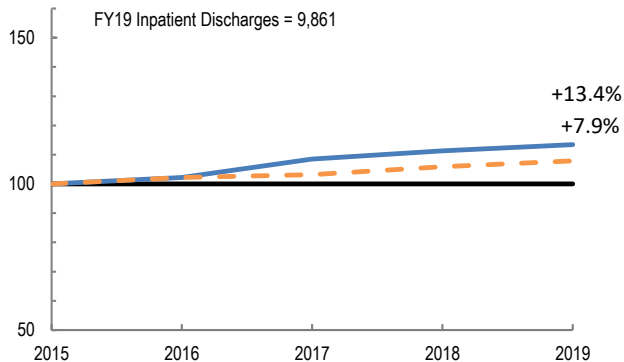
Cohort: Community Hospital

Key:

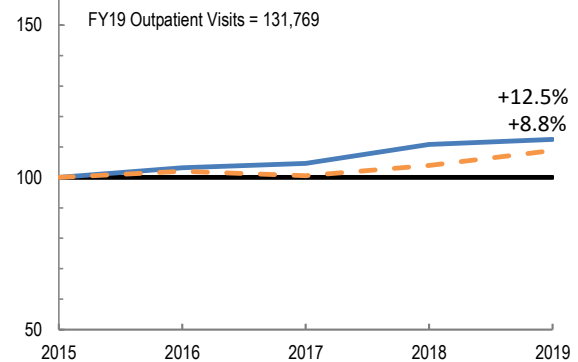


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

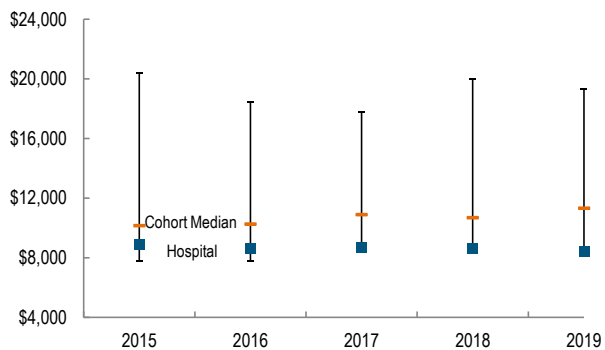


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

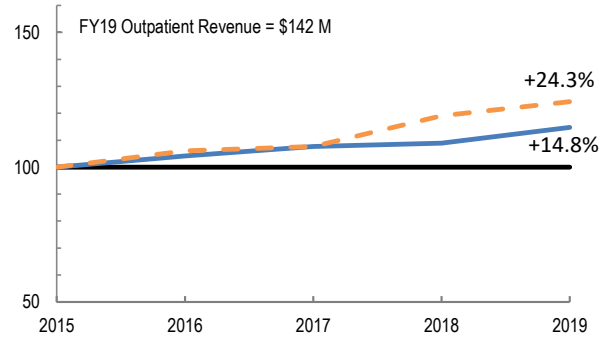


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



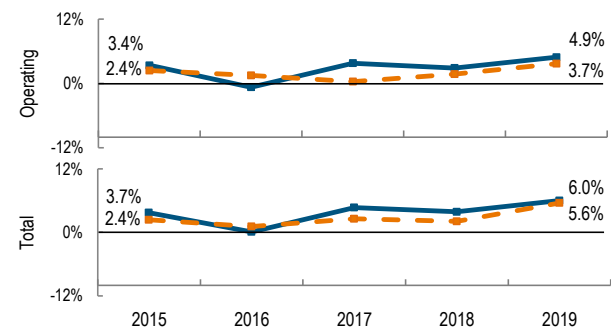
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 198.6	\$ 205.3	\$ 214.0	\$ 219.3	\$ 230.3
<b>Non-Operating Revenue</b>	\$ 0.6	\$ 1.7	\$ 2.1	\$ 2.1	\$ 2.4
<b>Total Revenue</b>	\$ 199.2	\$ 207.0	\$ 216.1	\$ 221.4	\$ 232.7
<b>Total Costs</b>	\$ 191.8	\$ 206.8	\$ 205.9	\$ 212.8	\$ 218.8
<b>Total Profit (Loss)</b>	\$ 7.4	\$ 0.1	\$ 10.2	\$ 8.5	\$ 13.9

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).



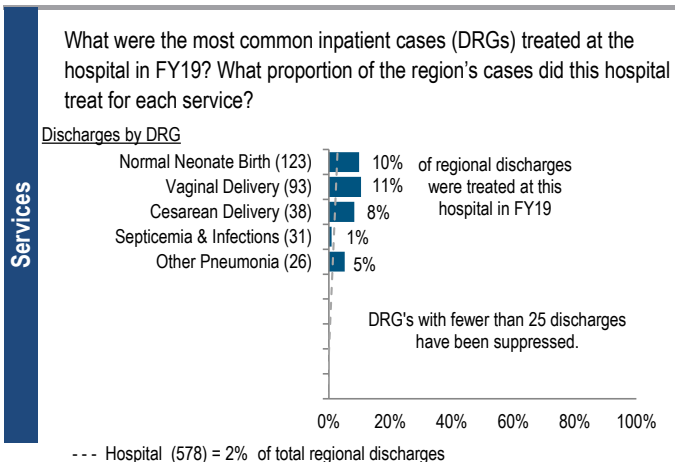
# NANTUCKET COTTAGE HOSPITAL

## 2019 Hospital Profile

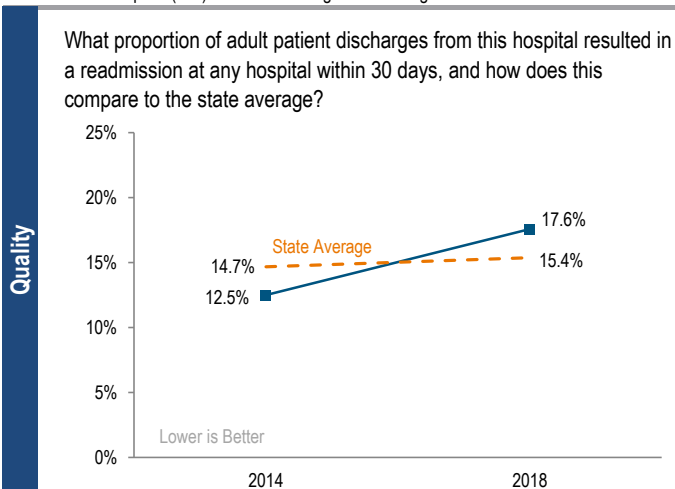
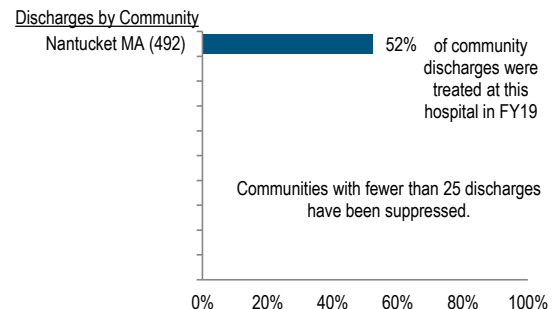
Nantucket, MA  
Community Hospital  
Cape and Islands

Nantucket Cottage Hospital is a non-profit community hospital located in the Cape and Islands region. Nantucket Cottage is the smallest acute hospital in Massachusetts, with 19 staffed beds. It is a member of Partners Health Care. Between FY15 and FY19, the volume of inpatient discharges at the hospital decreased by 9.0% compared to a median increase of 7.9% at cohort hospitals. Outpatient visits increased 4.0% for the hospital between FY15 and FY19, compared to a median increase of 8.8% for its peer cohort. Nantucket Cottage Hospital reported losses in four of the last five years including a loss of \$3.3M in FY19. Its FY19 total margin was -6.6%, lower than the median of its peer cohort of 5.6%.

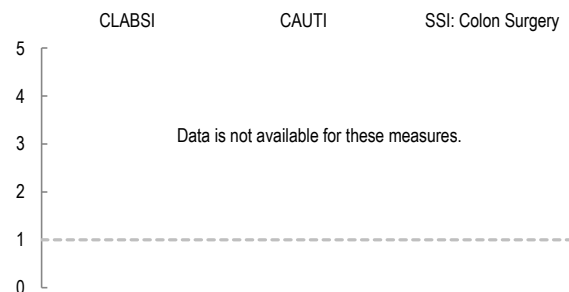
At a Glance	<b>Overview / Size</b>		<b>Payer Mix</b>	
	Hospital System Affiliation:	Partners Health Care	Public Payer Mix:	51.6% (Non-HPP* Hospital)
	Hospital System Surplus (Deficit) in FY19:	\$486,164,000	CY18 Commercial Statewide Relative Price:	1.92
	Change in Ownership (FY15-19):	Not Applicable	Top 3 Commercial Payers:	Blue Cross Blue Shield
	Total Staffed Beds:	19, the smallest acute hospital		AllWays
	% Occupancy:	31.1%, lowest in cohort avg. (60%)		Harvard Pilgrim
	Special Public Funding:	Not Applicable		
	Trauma Center Designation:	Not Applicable		
	Case Mix Index:	0.58, < cohort avg. (0.87); < statewide (1.16)		
	<b>Financial</b>		<b>Utilization</b>	
	Inpatient NPSR per CMAD:	\$18,939	Inpatient Discharges in FY19:	578
	Change FY18-FY19:	-5.3%	Change FY18-FY19:	-19.7%
	Inpatient:Outpatient Revenue in FY19:	14%:86%	Emergency Department Visits in FY19:	9,426
	Outpatient Revenue in FY19:	\$36,033,127	Change FY18-FY19:	-6.2%
	Change FY18-FY19:	-4.3%	Outpatient Visits in FY19:	19,424
	Total Revenue in FY19:	\$50,287,000	Change FY18-FY19:	5.8%
	Total Surplus (Deficit) in FY19:	-\$3,324,000	<b>Quality</b>	
			Readmission Rate in FY18:	17.6%
			Change FY14-FY18 (percentage points):	5.1
			Early Elective Deliveries Rate:	Not Available



Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



# 2019 HOSPITAL PROFILE: NANTUCKET COTTAGE HOSPITAL

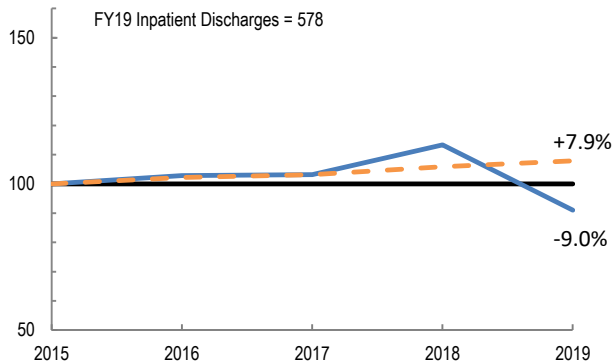
Cohort: Community Hospital

Key:

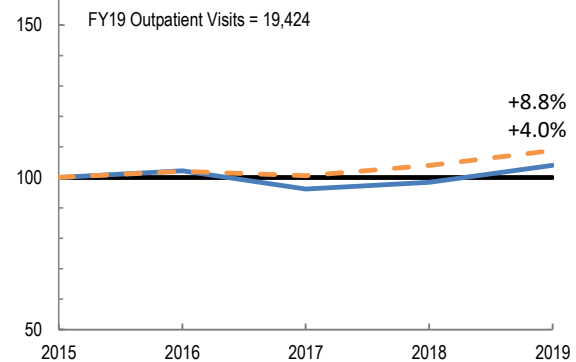
— Hospital  
- - - Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

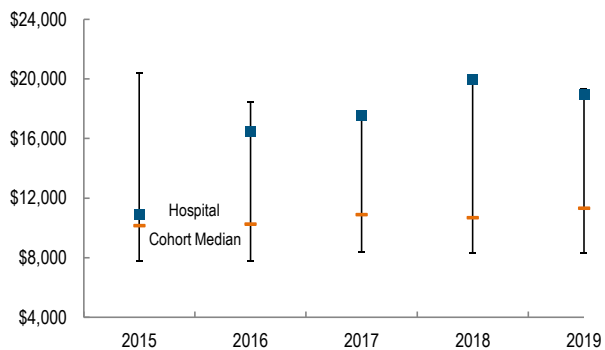


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

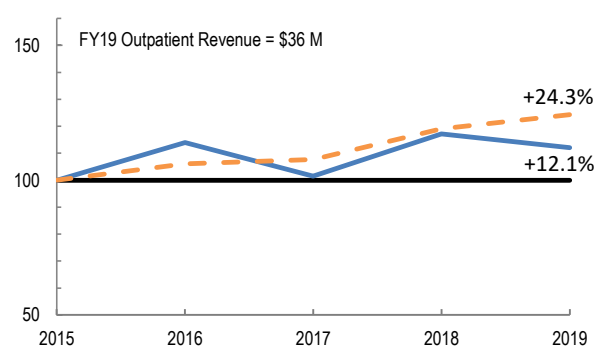


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



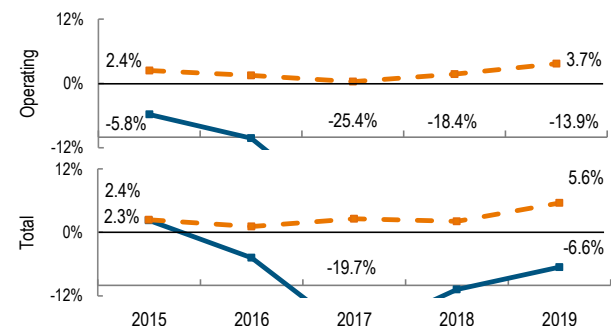
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 40.8	\$ 45.2	\$ 43.3	\$ 49.6	\$ 46.6
<b>Non-Operating Revenue</b>	\$ 3.6	\$ 2.6	\$ 2.6	\$ 4.0	\$ 3.7
<b>Total Revenue</b>	\$ 44.4	\$ 47.8	\$ 45.9	\$ 53.6	\$ 50.3
<b>Total Costs</b>	\$ 43.4	\$ 50.1	\$ 54.9	\$ 59.4	\$ 53.6
<b>Total Profit (Loss)</b>	\$ 1.0	\$ (2.3)	\$ (9.0)	\$ (5.8)	\$ (3.3)

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?

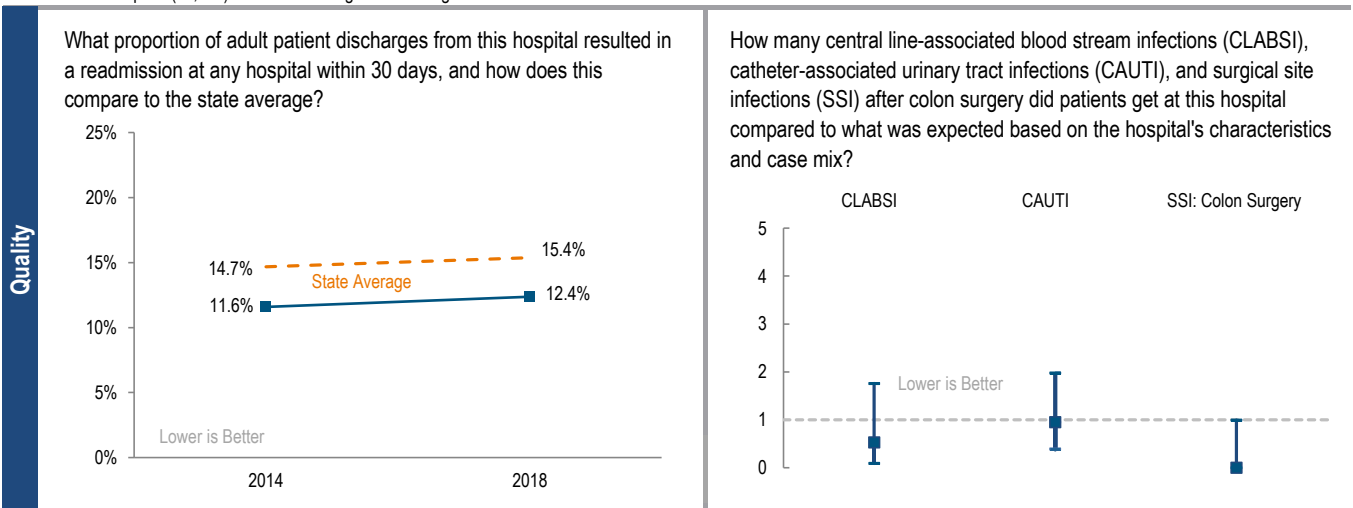
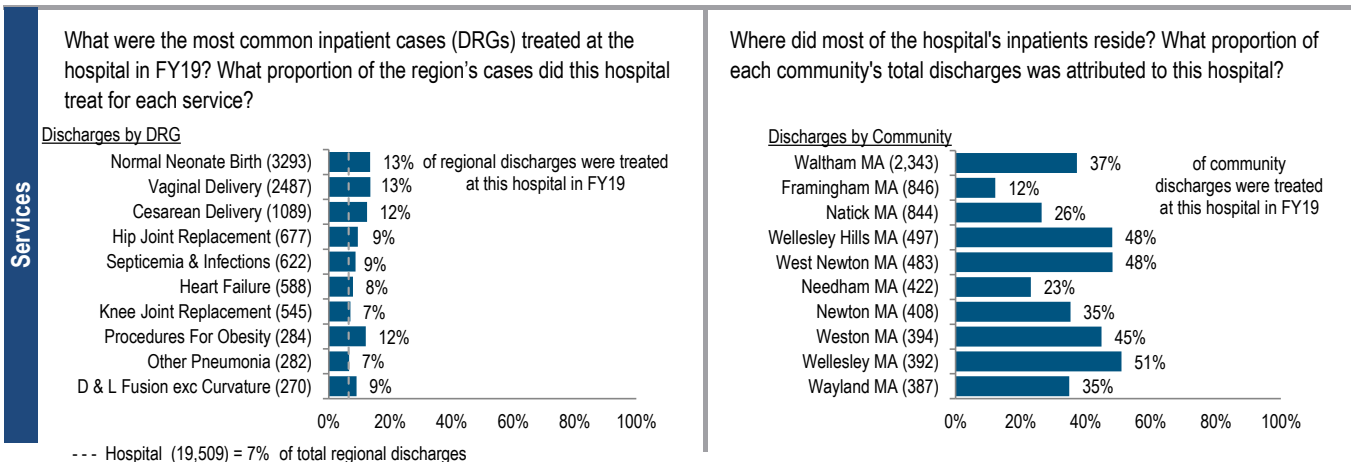


For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Newton-Wellesley Hospital is a non-profit community hospital located in the Metro Boston region. It is a large acute hospital and a member of Partners Health Care. Between FY15 and FY19, the volume of inpatient discharges at the hospital decreased by 3.2% compared to a median increase of 7.9% at cohort hospitals. Outpatient visits decreased 26.8% for the hospital between FY15 and FY19, compared to a median increase of 8.8% for its peer cohort. Newton-Wellesley reported a loss of \$44.0M in FY19 and a total margin of -8.3%, lower than the median of its peer cohort of 5.6%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Partners Health Care
	Hospital System Surplus (Deficit) in FY19:	\$486,164,000
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	346, among the larger acute hospitals
	% Occupancy:	55.7%, < cohort avg. (60%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.86, < cohort avg. (0.87); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$13,092
	Change FY18-FY19:	0.4%
	Inpatient:Outpatient Revenue in FY19:	32%:68%
	Outpatient Revenue in FY19:	\$281,084,693
	Change FY18-FY19:	12.8%
	Total Revenue in FY19:	\$529,904,000
	Total Surplus (Deficit) in FY19:	-\$43,970,000
	<b>Payer Mix</b>	
	Public Payer Mix:	45.0% (Non-HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	1.01
	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim United Healthcare Insurance Company
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	19,509
	Change FY18-FY19:	-0.5%
	Emergency Department Visits in FY19:	47,674
	Change FY18-FY19:	-11.4%
	Outpatient Visits in FY19:	111,617
	Change FY18-FY19:	1.1%
	<b>Quality</b>	
	Readmission Rate in FY18:	12.4%
	Change FY14-FY18 (percentage points):	0.8
	Early Elective Deliveries Rate:	4.3%



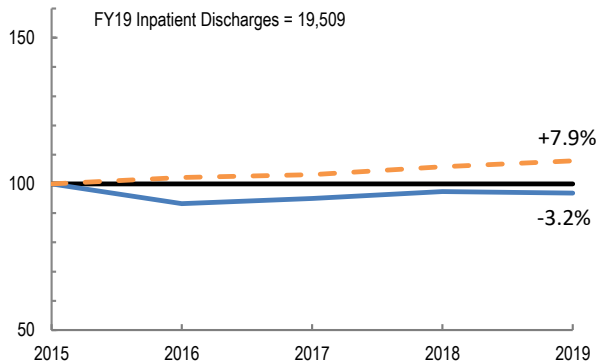
# 2019 HOSPITAL PROFILE: NEWTON-WELLESLEY HOSPITAL

Cohort: Community Hospital

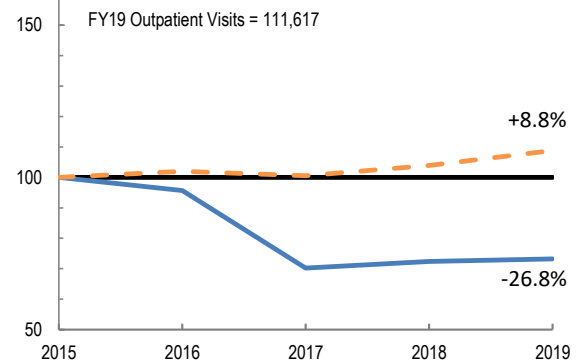
Key:  
—■— Hospital  
- - - ■ - - - Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

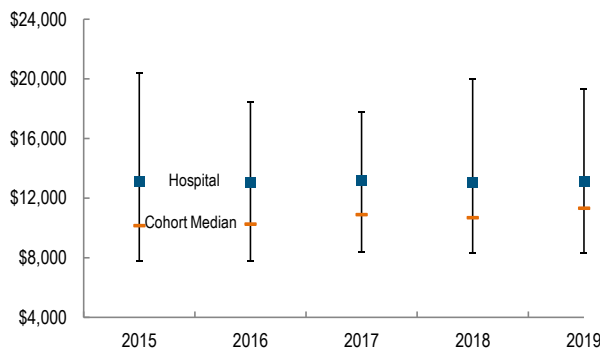


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

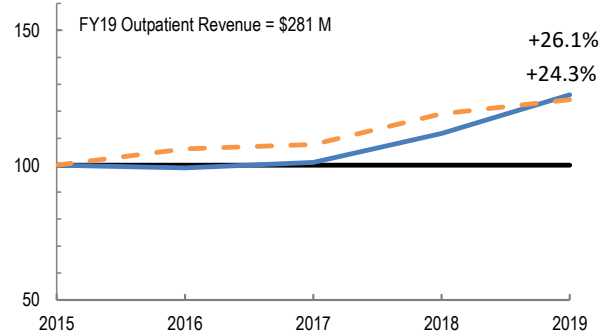


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



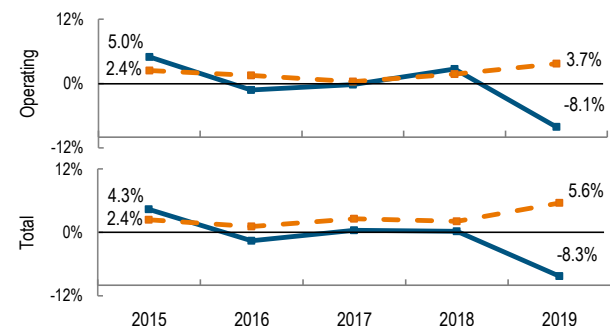
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 444.0	\$ 434.1	\$ 453.0	\$ 504.7	\$ 531.1
<b>Non-Operating Revenue</b>	\$ (2.8)	\$ (1.6)	\$ 2.8	\$ (12.3)	\$ (1.2)
<b>Total Revenue</b>	\$ 441.2	\$ 432.5	\$ 455.8	\$ 492.5	\$ 529.9
<b>Total Costs</b>	\$ 422.1	\$ 439.2	\$ 454.0	\$ 491.4	\$ 573.9
<b>Total Profit (Loss)</b>	\$ 19.2	\$ (6.8)	\$ 1.8	\$ 1.0	\$ (44.0)

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



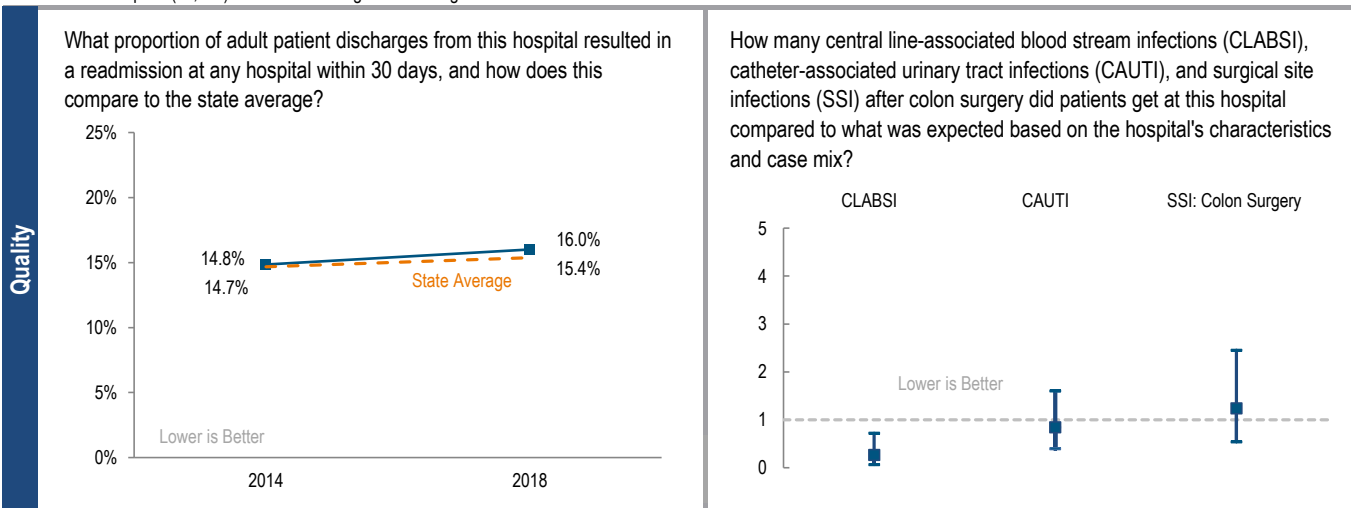
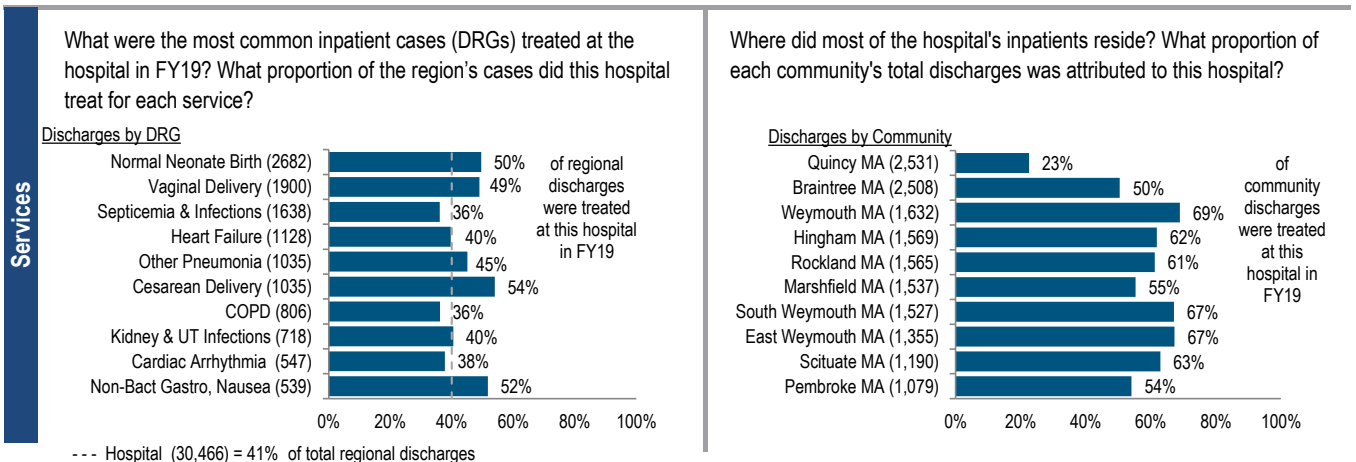
For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

South Shore Hospital is a large, non-profit community hospital located in the Metro South region. Between FY15 and FY19, the volume of inpatient discharges at the hospital increased by 11.8% compared to a median increase of 7.9% at cohort hospitals. Outpatient visits increased by 15.2% for the hospital between FY15 and FY19, compared to a median increase of 8.8% for its peer cohort. South Shore Hospital reported a profit each year in this time period including a profit of \$3.6M in FY19 and a total margin of 0.5%, compared to the cohort median of 5.6%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	South Shore Health System
	Hospital System Surplus (Deficit) in FY19:	(\$3,604,810)
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	457, 7th largest acute hospital
	% Occupancy:	75.1%, > cohort avg. (60%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Adult: Level 2
	Case Mix Index:	0.95, > cohort avg. (0.87); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$11,300
	Change FY18-FY19:	2.6%
	Inpatient:Outpatient Revenue in FY19:	43%:57%
	Outpatient Revenue in FY19:	\$287,346,238
	Change FY18-FY19:	3.3%
	Total Revenue in FY19:	\$650,873,112
	Total Surplus (Deficit) in FY19:	\$3,563,130
	<b>Payer Mix</b>	
	Public Payer Mix:	59.6% (Non-HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	1.04
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	30,466
	Change FY18-FY19:	2.5%
	Emergency Department Visits in FY19:	98,548
	Change FY18-FY19:	0.9%
	Outpatient Visits in FY19:	368,430
	Change FY18-FY19:	16.8%
	<b>Quality</b>	
	Readmission Rate in FY18:	16.0%
	Change FY14-FY18 (percentage points):	1.2
	Early Elective Deliveries Rate:	0.0%



## 2019 HOSPITAL PROFILE: SOUTH SHORE HOSPITAL

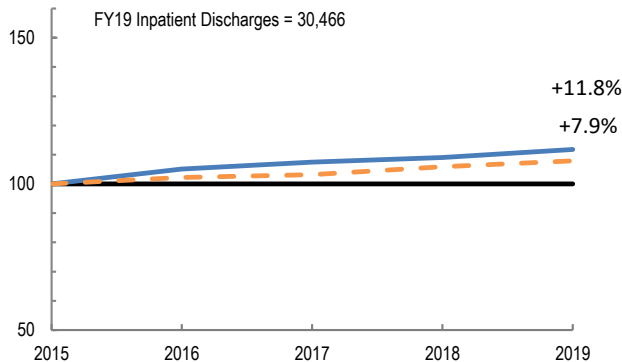
Cohort: Community Hospital

Key:

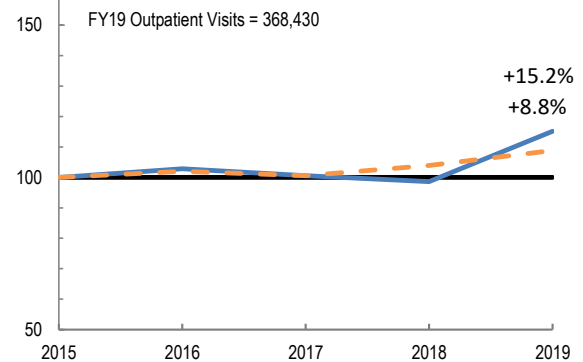
— Hospital  
- - - Peer Cohort

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

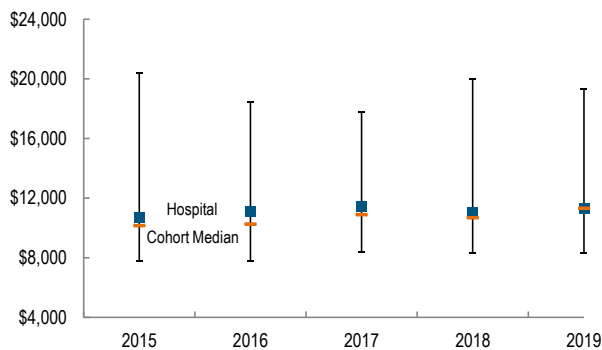


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

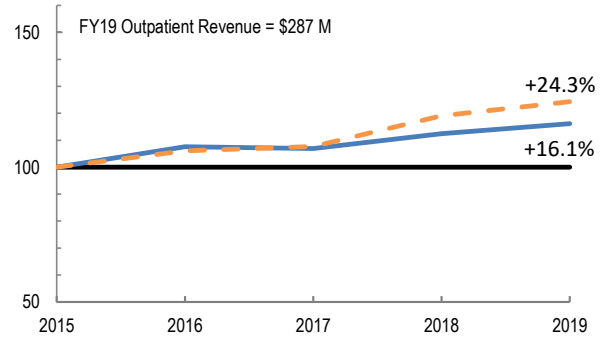


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



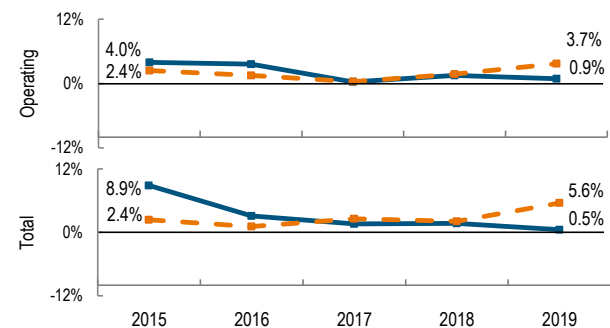
### Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 536.1	\$ 573.3	\$ 594.3	\$ 615.3	\$ 653.0
<b>Non-Operating Revenue</b>	\$ 27.8	\$ (3.2)	\$ 7.8	\$ 1.5	\$ (2.2)
<b>Total Revenue</b>	\$ 563.8	\$ 570.1	\$ 602.1	\$ 616.8	\$ 650.9
<b>Total Costs</b>	\$ 513.8	\$ 552.7	\$ 592.4	\$ 606.1	\$ 647.3
<b>Total Profit (Loss)</b>	\$ 50.0	\$ 17.5	\$ 9.6	\$ 10.7	\$ 3.6

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



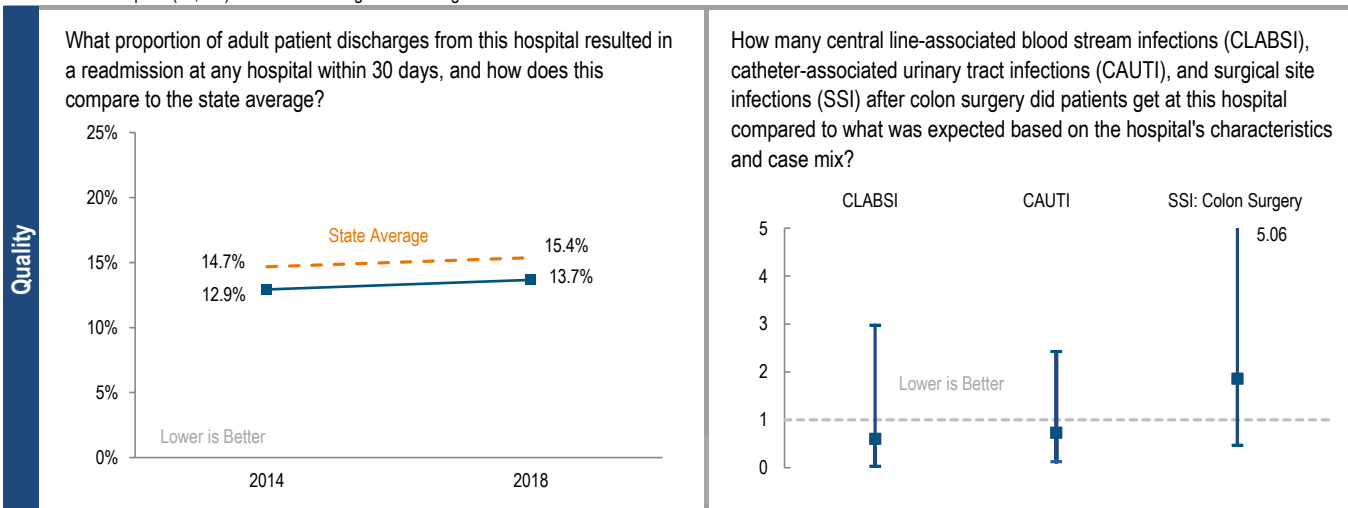
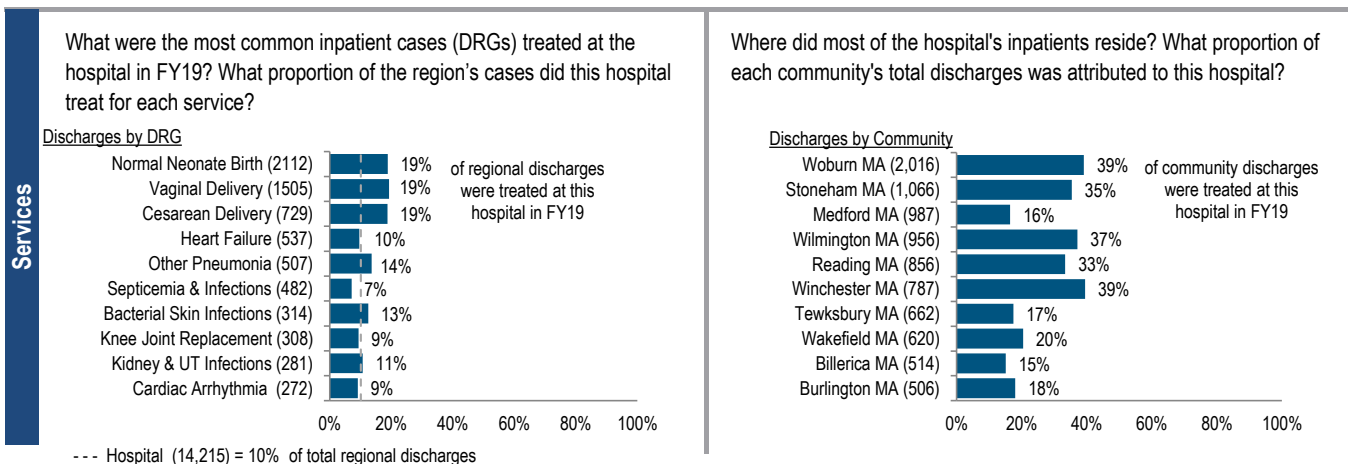
For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

Winchester Hospital is a mid-size, non-profit community hospital located in the Northeastern Massachusetts region. It is a member of Beth Israel Lahey Health. Between FY15 and FY19, the volume of inpatient discharges at the hospital increased by 11.5% compared to a median increase of 7.9% at cohort hospitals. Outpatient visits increased 16.7% for the hospital between FY15 and FY19, compared to a median increase of 8.8% for its peer cohort. Winchester Hospital reported a profit of \$8.8M in FY19 and a total margin of 5.1% compared to its peer cohort median total margin of 5.6%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Beth Israel Lahey Health
	Hospital System Surplus (Deficit) in FY19:	\$102,634,000
	Change in Ownership (FY15-19):	Beth Israel Lahey Health 3/1/19
	Total Staffed Beds:	220, mid-size acute hospital
	% Occupancy:	59.7%, = cohort avg. (60%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.79, < cohort avg. (0.87); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$11,160
	Change FY18-FY19:	3.1%
	Inpatient:Outpatient Revenue in FY19:	31%:69%
	Outpatient Revenue in FY19:	\$148,201,952
	Change FY18-FY19:	2.7%
	Total Revenue in FY19:	\$171,515,000
	Total Surplus (Deficit) in FY19:	\$8,774,000
	<b>Payer Mix</b>	
	Public Payer Mix:	44.7% (Non-HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.89
	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	14,215
	Change FY18-FY19:	8.5%
	Emergency Department Visits in FY19:	46,519
	Change FY18-FY19:	2.6%
	Outpatient Visits in FY19:	276,753
	Change FY18-FY19:	9.9%
	<b>Quality</b>	
	Readmission Rate in FY18:	13.7%
	Change FY14-FY18 (percentage points):	0.7
	Early Elective Deliveries Rate:	0.0%





## 2019 HOSPITAL PROFILE: WINCHESTER HOSPITAL

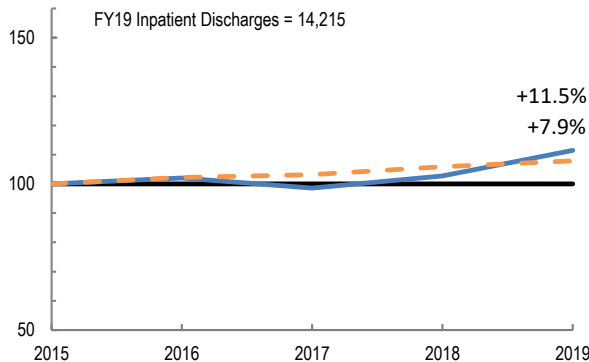
Cohort: Community Hospital

Key:

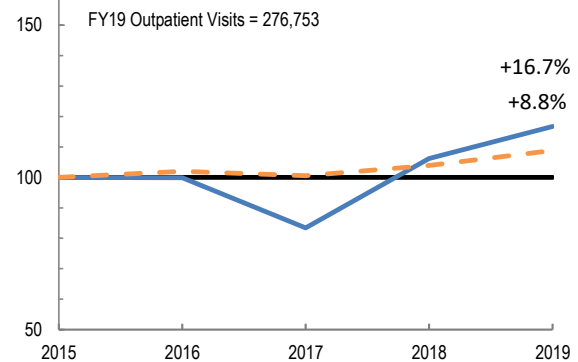
— Hospital  
- - - Peer Cohort

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

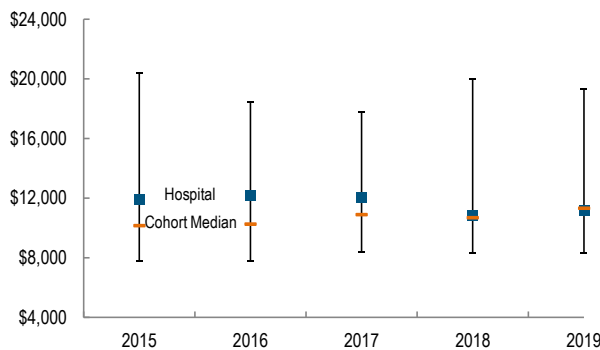


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

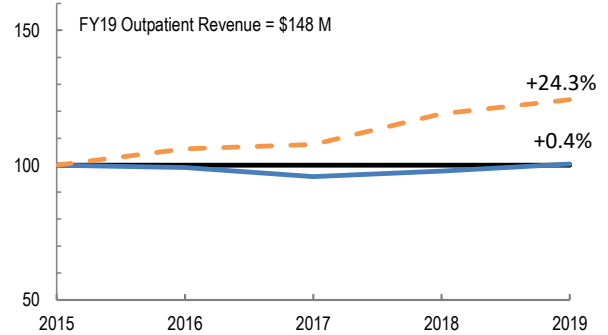


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



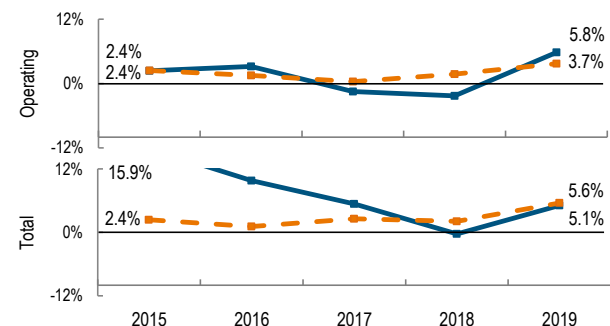
### Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

Revenue, Cost, & Profit/Loss (in millions)\*\*

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 273.9	\$ 281.5	\$ 273.5	\$ 270.3	\$ 172.6
<b>Non-Operating Revenue</b>	\$ 42.7	\$ 19.9	\$ 20.3	\$ 5.5	\$ (1.1)
<b>Total Revenue</b>	\$ 316.6	\$ 301.4	\$ 293.9	\$ 275.8	\$ 171.5
<b>Total Costs</b>	\$ 266.3	\$ 271.9	\$ 277.9	\$ 276.7	\$ 162.7
<b>Total Profit (Loss)</b>	\$ 50.3	\$ 29.5	\$ 16.0	\$ (0.9)	\$ 8.8

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

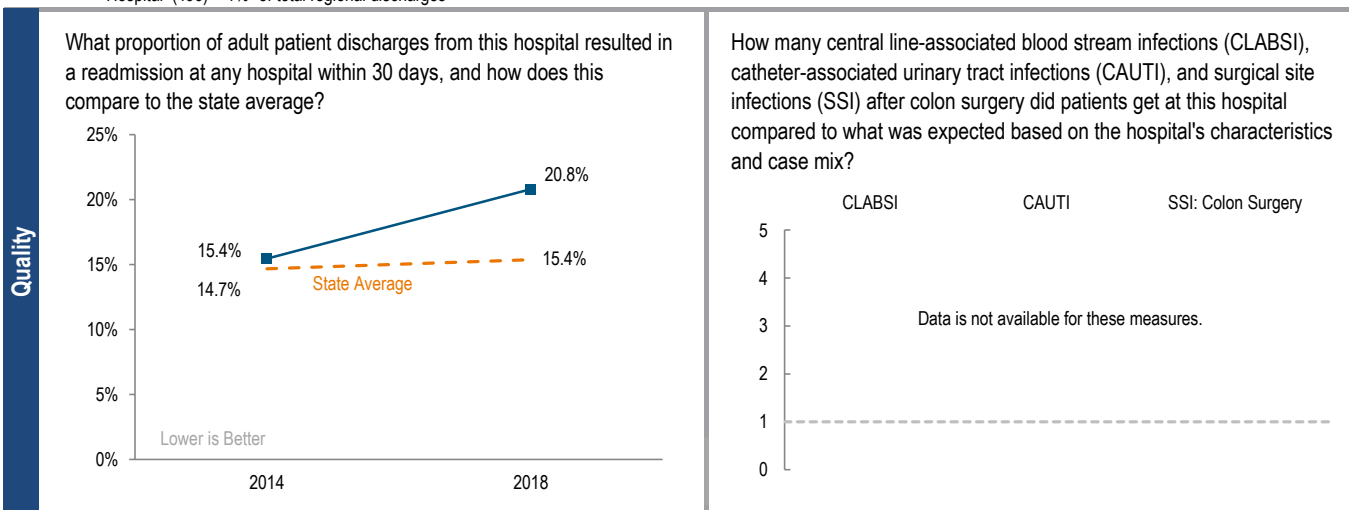
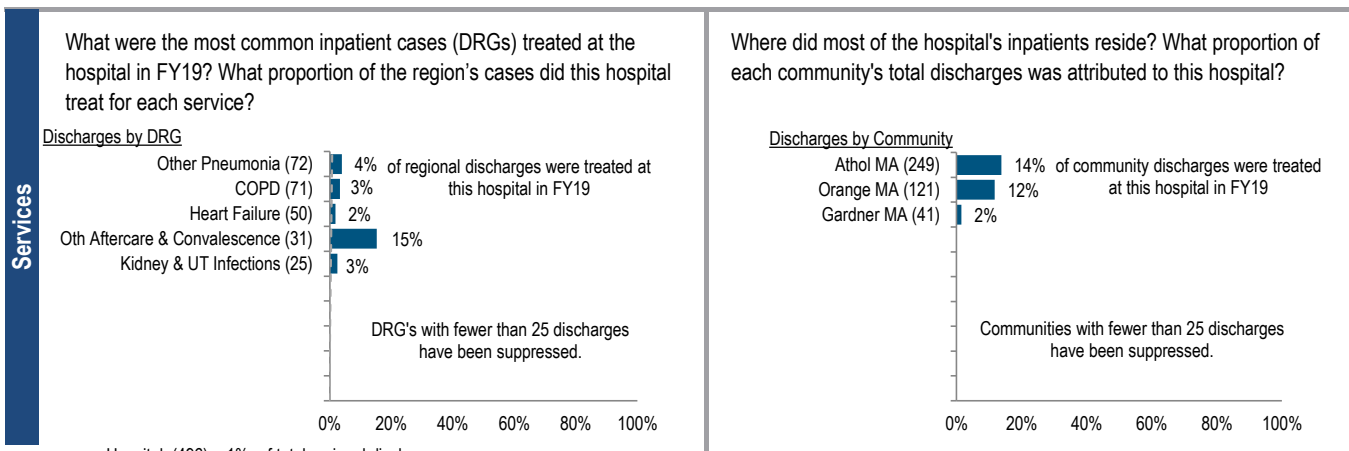
† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\*\* FY19 data reflects the seven months of data after the merger to Beth Israel Lahey Health.



Athol Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Central Massachusetts region. It is the second smallest acute hospital in Massachusetts, with 21 staffed beds. It is a member of Heywood Healthcare and is designated by the Centers for Medicare & Medicaid Services (CMS) as one of three Critical Access Hospitals (CAH) in Massachusetts. Outpatient visits increased by 83.2% for the hospital between FY15 and FY19, compared to a median increase of 2.1% for its peer cohort. Athol Hospital reported a total margin of 2.1% in FY19, below the cohort median of 3.3%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Heywood Healthcare
	Hospital System Surplus (Deficit) in FY19:	\$2,268,589
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	21, among the smallest acute hospitals
	% Occupancy:	43.6%, < cohort avg. (66%)
	Special Public Funding:	CHRTF <sup>o</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.83, < cohort avg. (0.96); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$12,726
	Change FY18-FY19:	17.9%
	Inpatient:Outpatient Revenue in FY19:	9%:91%
	Outpatient Revenue in FY19:	\$23,948,026
	Change FY18-FY19:	12.5%
	Total Revenue in FY19:	\$30,786,306
	Total Surplus (Deficit) in FY19:	\$661,388
	<b>Payer Mix</b>	
	Public Payer Mix:	72.5% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.80
	Top 3 Commercial Payers:	Blue Cross Blue Shield Fallon Tufts HMO
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	496
	Change FY18-FY19:	-22.4%
	Emergency Department Visits in FY19:	10,836
	Change FY18-FY19:	-3.8%
	Outpatient Visits in FY19:	22,370
	Change FY18-FY19:	53.2%
	<b>Quality</b>	
	Readmission Rate in FY18:	20.8%
	Change FY14-FY18 (percentage points):	5.4
	Early Elective Deliveries Rate:	Not Available



## 2019 HOSPITAL PROFILE: ATHOL HOSPITAL

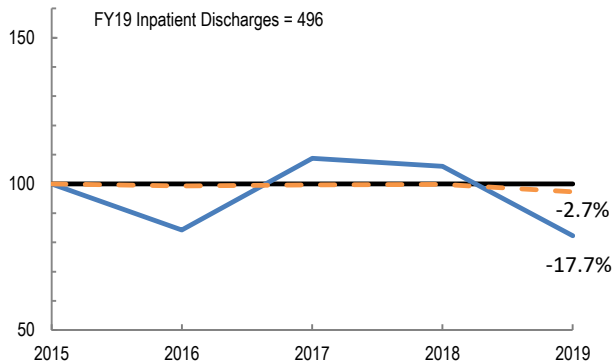
Cohort: Community-High Public Payer Hospital

Key:

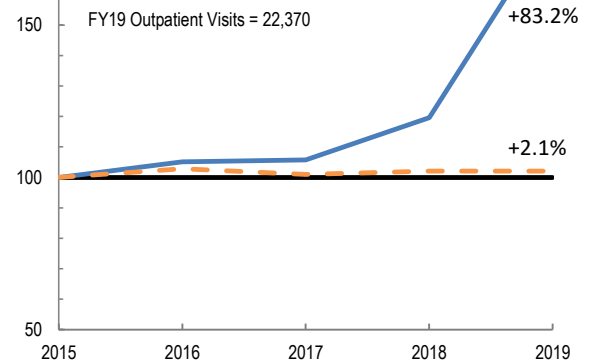


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

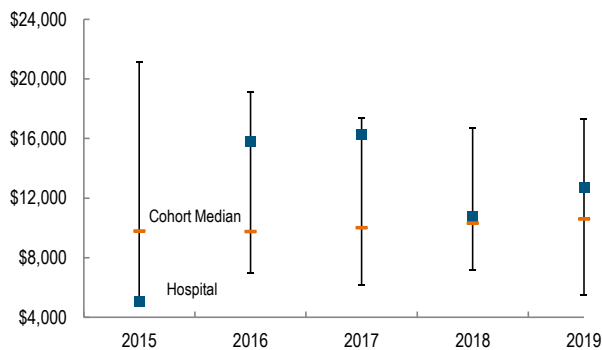


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

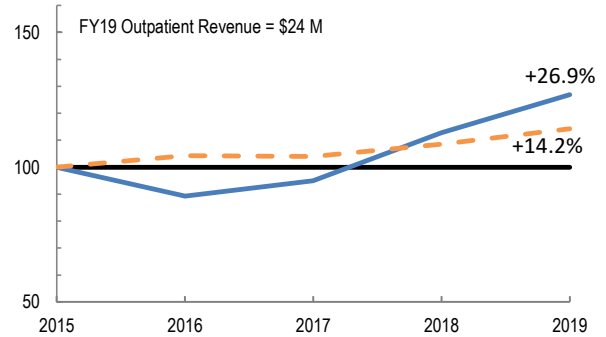


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



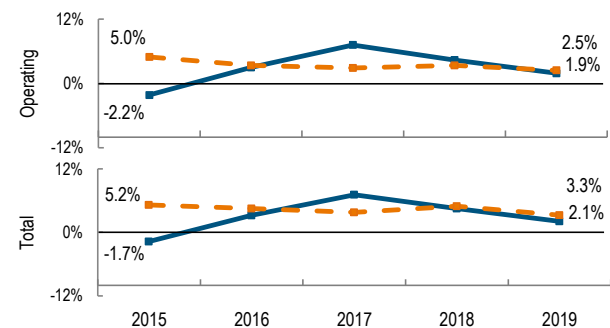
### Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 22.9	\$ 23.7	\$ 27.1	\$ 27.0	\$ 30.7
<b>Non-Operating Revenue</b>	\$ 0.1	\$ 0.1	\$ (0.0)	\$ 0.0	\$ 0.1
<b>Total Revenue</b>	\$ 23.0	\$ 23.8	\$ 27.0	\$ 27.0	\$ 30.8
<b>Total Costs</b>	\$ 23.4	\$ 23.0	\$ 25.1	\$ 25.8	\$ 30.1
<b>Total Profit (Loss)</b>	\$ (0.4)	\$ 0.8	\$ 1.9	\$ 1.2	\$ 0.7

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

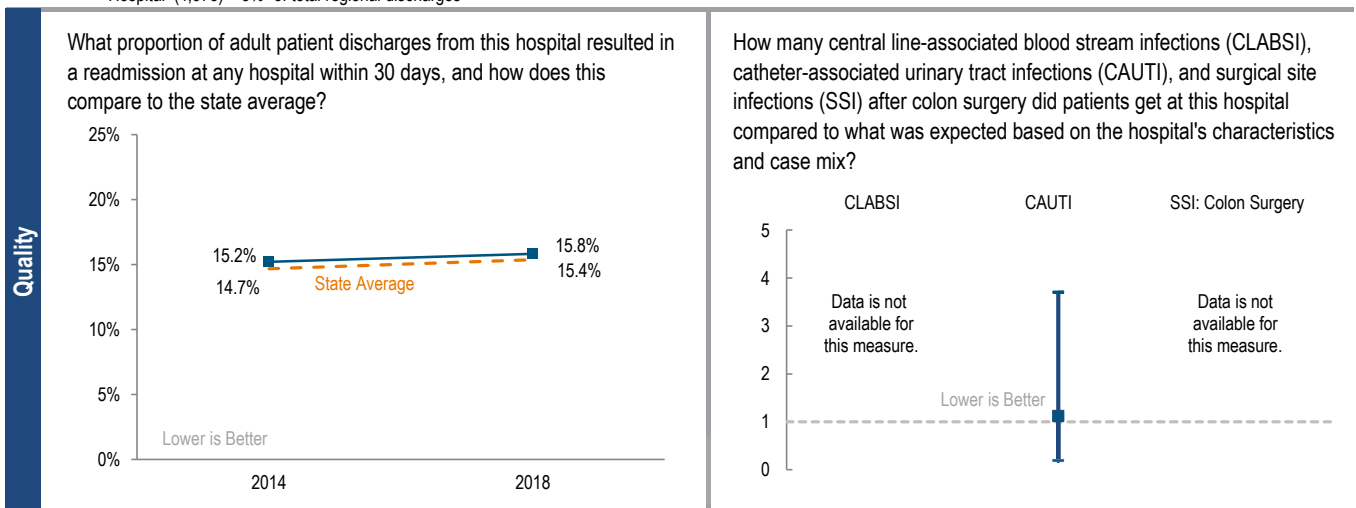
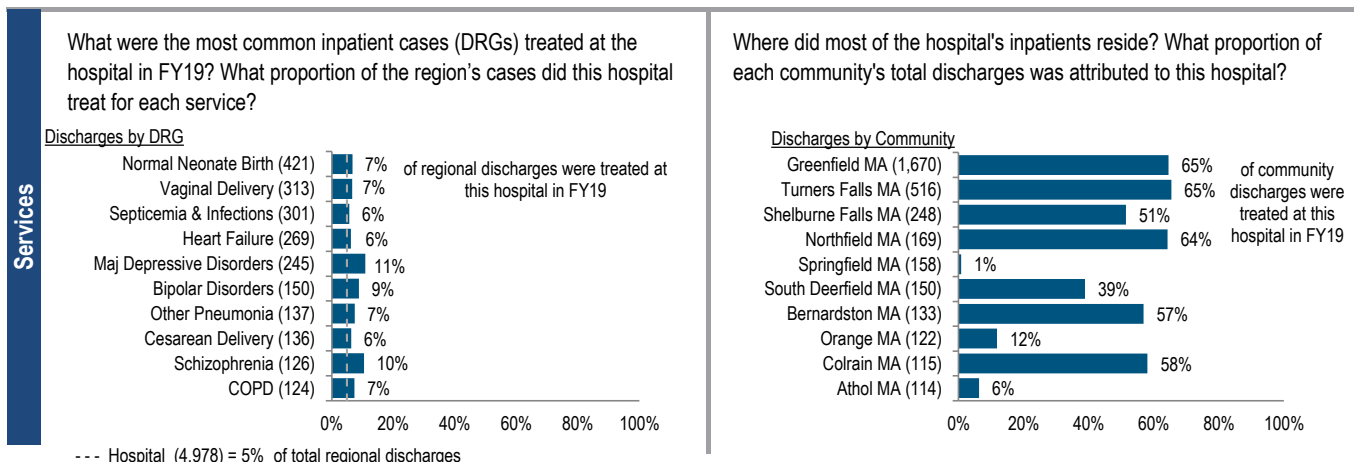
# BAYSTATE FRANKLIN MEDICAL CENTER

## 2019 Hospital Profile

Greenfield, MA  
Community-High Public Payer Hospital  
Western Massachusetts

Baystate Franklin Medical Center is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. It is a member of Baystate Health. Between FY15 and FY19, the volume of inpatient discharges at the hospital decreased by 2.2% compared to a median decrease of 2.7% at cohort hospitals. Outpatient visits decreased 28.9% for the hospital between FY15 and FY19, compared to a median increase of 2.1% for its peer cohort. Baystate Franklin Medical Center reported a profit in four of the five years between FY15 and FY19. It reported a profit of 1M in FY19.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Baystate Health
	Hospital System Surplus (Deficit) in FY19:	\$71,003,000
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	107, mid-size acute hospital
	% Occupancy:	50.3%, < cohort avg. (66%)
	Special Public Funding:	CHRTF*
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.85, < cohort avg. (0.96); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$9,389
	Change FY18-FY19:	2.8%
	Inpatient:Outpatient Revenue in FY19:	26%:74%
	Outpatient Revenue in FY19:	\$59,507,261
	Change FY18-FY19:	6.1%
	Total Revenue in FY19:	\$106,648,000
	Total Surplus (Deficit) in FY19:	\$1,020,000
	<b>Payer Mix</b>	
	Public Payer Mix:	69.4% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	1.11
	Top 3 Commercial Payers:	Blue Cross Blue Shield Health New England UniCare
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	4,978
	Change FY18-FY19:	1.2%
	Emergency Department Visits in FY19:	24,780
	Change FY18-FY19:	-2.8%
	Outpatient Visits in FY19:	32,400
	Change FY18-FY19:	-2.0%
	<b>Quality</b>	
	Readmission Rate in FY18:	15.8%
	Change FY14-FY18 (percentage points):	0.6
	Early Elective Deliveries Rate:	11.1%



For descriptions of the metrics, please see the technical appendix.

# 2019 HOSPITAL PROFILE: BAYSTATE FRANKLIN MEDICAL CENTER

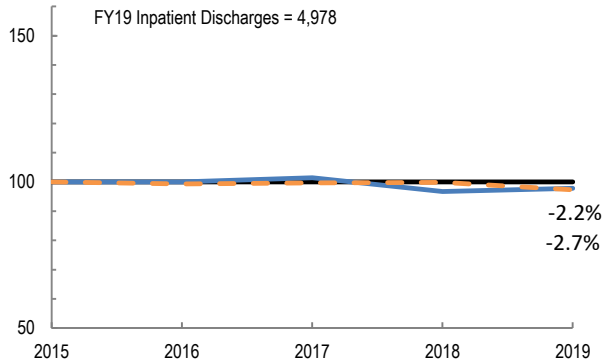
Cohort: Community-High Public Payer Hospital

Key:

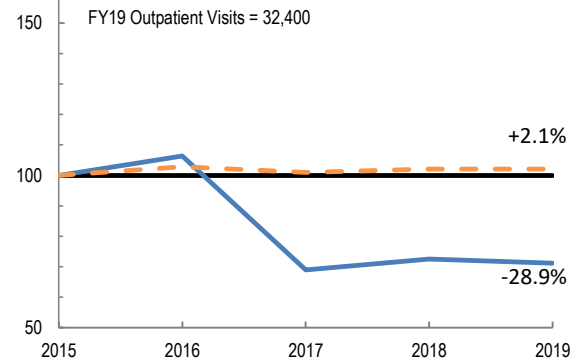


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

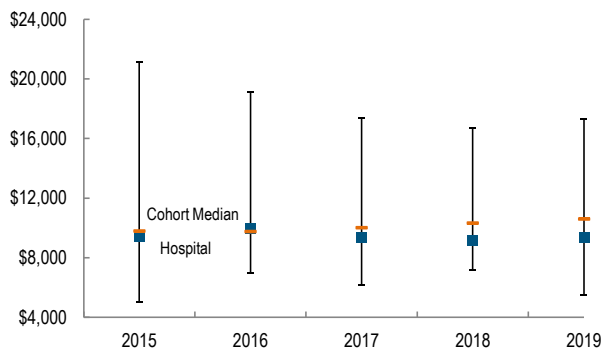


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

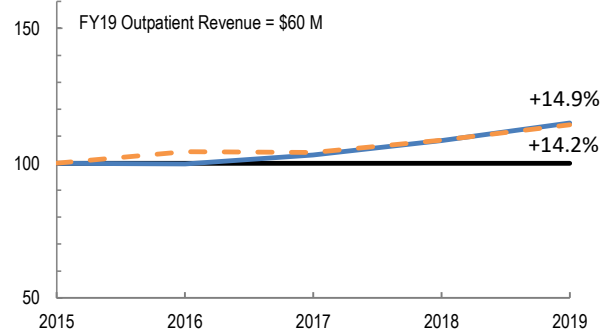


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



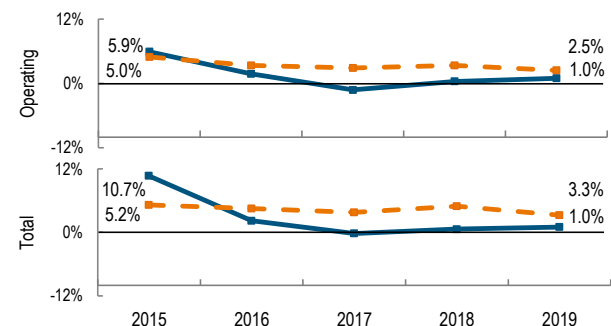
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 94.5	\$ 98.2	\$ 98.6	\$ 102.7	\$ 106.7
<b>Non-Operating Revenue</b>	\$ 4.7	\$ 0.4	\$ 1.0	\$ 0.2	\$ (0.0)
<b>Total Revenue</b>	\$ 99.3	\$ 98.6	\$ 99.6	\$ 102.9	\$ 106.6
<b>Total Costs</b>	\$ 88.6	\$ 96.4	\$ 99.8	\$ 102.3	\$ 105.6
<b>Total Profit (Loss)</b>	\$ 10.6	\$ 2.2	\$ (0.2)	\$ 0.6	\$ 1.0

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

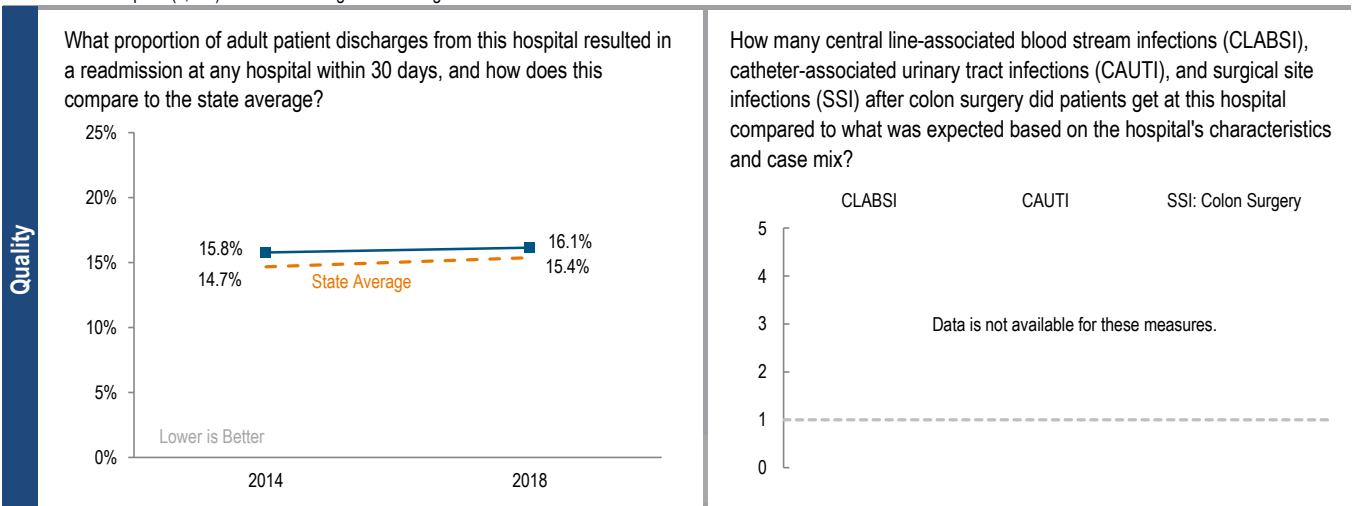
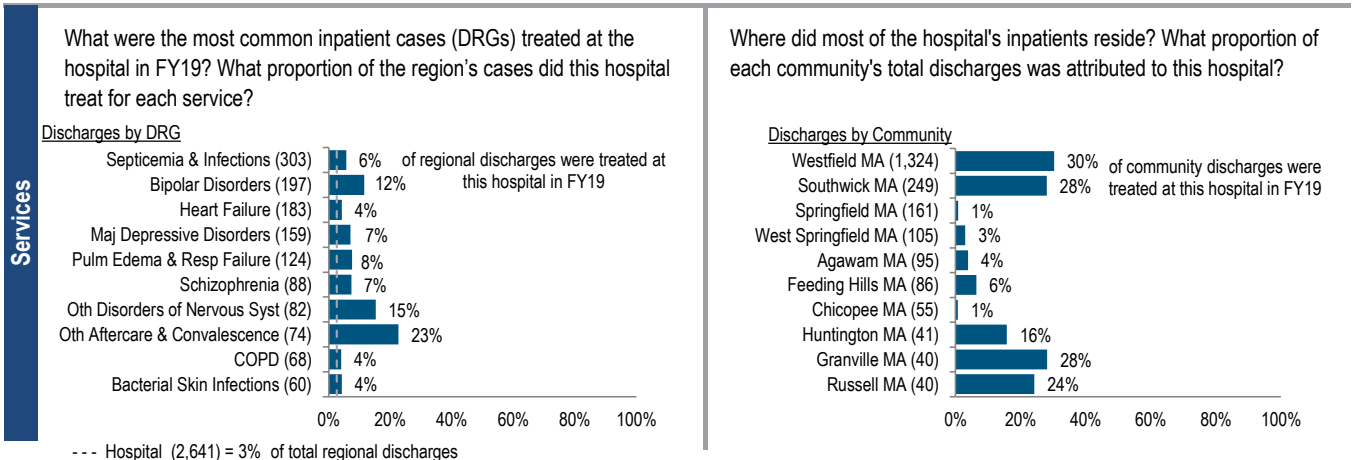
# BAYSTATE NOBLE HOSPITAL

## 2019 Hospital Profile

Westfield, MA  
Community-High Public Payer Hospital  
Western Massachusetts

Baystate Noble Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. It is a mid-size acute hospital. It became affiliated with Baystate Health in 2015. Between FY15 and FY19, inpatient discharges at the hospital decreased 13.0% compared to a median decrease of 2.7% at cohort hospitals, while outpatient visits decreased 19.7% compared to a median increase of 2.1% at cohort hospitals. Baystate Noble reported a loss of \$9.6M in FY19 after reporting a gain in FY18. IN FY19 Baystate Noble reported a negative total margin of 15.2% compared to its peer cohort median of 3.3%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Baystate Health
	Hospital System Surplus (Deficit) in FY19:	\$71,003,000
	Change in Ownership (FY15-19):	Baystate Health - 2015
	Total Staffed Beds:	102, mid-size acute hospital
	% Occupancy:	41.1%, < cohort avg. (66%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.96, = cohort avg. (0.96); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$9,552
	Change FY18-FY19:	-0.8%
	Inpatient:Outpatient Revenue in FY19:	34%:66%
	Outpatient Revenue in FY19:	\$28,149,143
	Change FY18-FY19:	0.7%
	Total Revenue in FY19:	\$62,850,000
	Total Surplus (Deficit) in FY19:	-\$9,558,000
	<b>Payer Mix</b>	
	Public Payer Mix:	68.6% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.72
	Top 3 Commercial Payers:	Blue Cross Blue Shield Health New England Cigna East
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	2,641
	Change FY18-FY19:	-10.8%
	Emergency Department Visits in FY19:	27,620
	Change FY18-FY19:	-6.2%
	Outpatient Visits in FY19:	32,953
	Change FY18-FY19:	-43.7%
	<b>Quality</b>	
	Readmission Rate in FY18:	16.1%
	Change FY14-FY18 (percentage points):	0.4
	Early Elective Deliveries Rate:	Not Applicable



For descriptions of the metrics, please see the technical appendix.

## 2019 HOSPITAL PROFILE: BAYSTATE NOBLE HOSPITAL

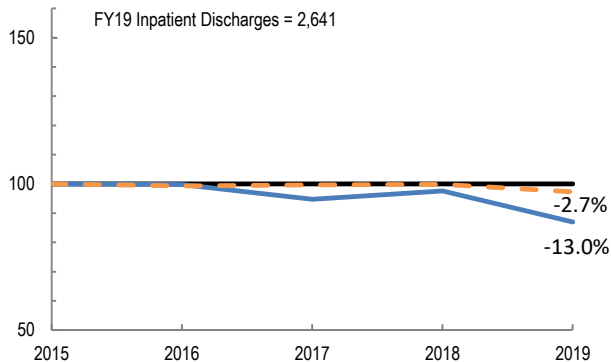
Cohort: Community-High Public Payer Hospital

Key:

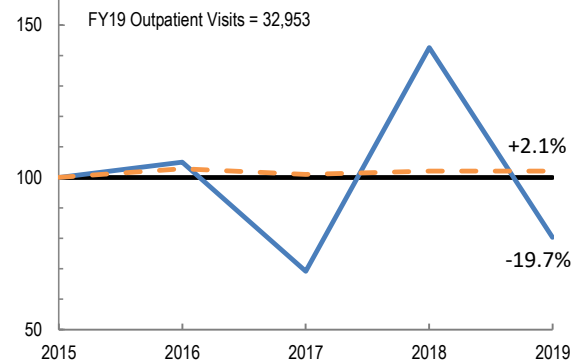


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

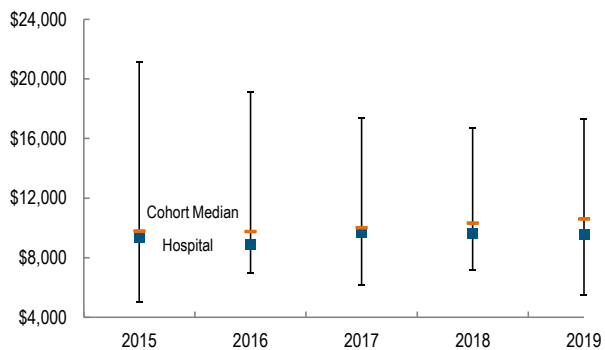


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

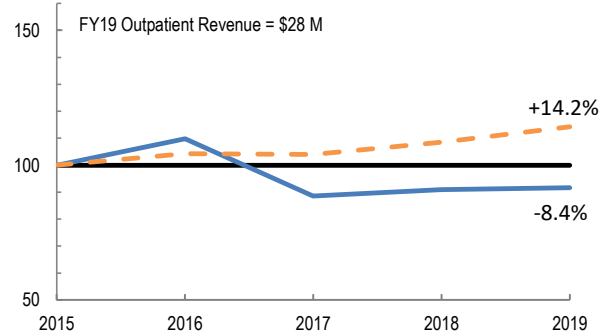


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



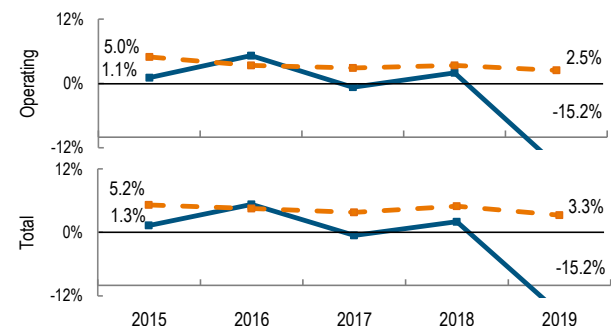
### Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 58.8	\$ 61.1	\$ 56.6	\$ 58.4	\$ 62.9
<b>Non-Operating Revenue</b>	\$ 0.1	\$ 0.1	\$ 0.1	\$ 0.0	\$ (0.0)
<b>Total Revenue</b>	\$ 58.9	\$ 61.2	\$ 56.7	\$ 58.4	\$ 62.9
<b>Total Costs</b>	\$ 58.1	\$ 57.9	\$ 57.0	\$ 57.2	\$ 72.4
<b>Total Profit (Loss)</b>	\$ 0.8	\$ 3.3	\$ (0.3)	\$ 1.2	\$ (9.6)

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

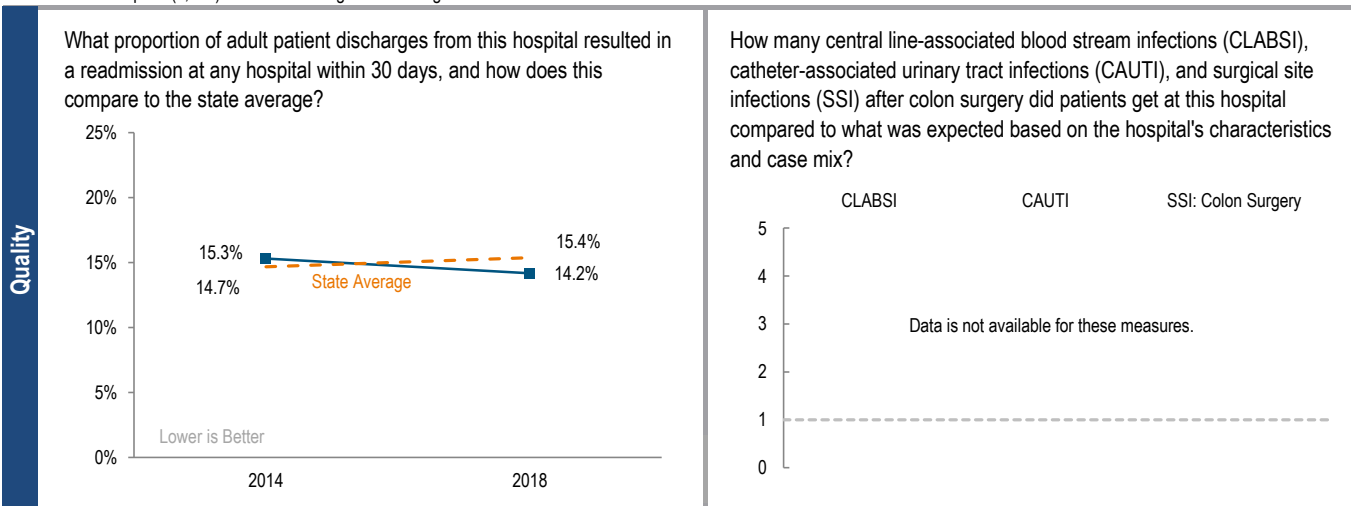
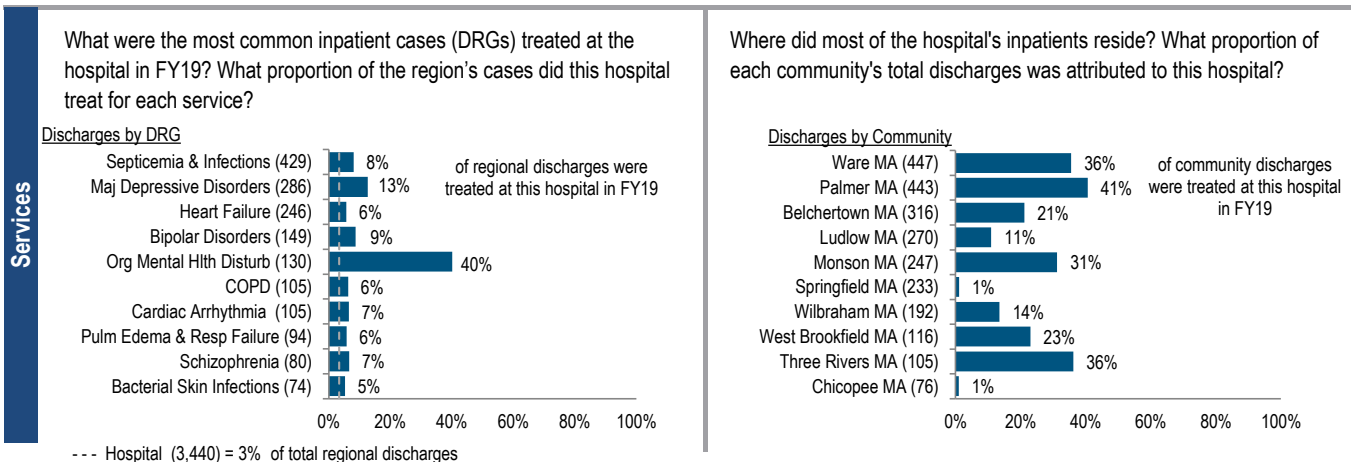
# BAYSTATE WING HOSPITAL

## 2019 Hospital Profile

Palmer & Ware, MA  
Community-High Public Payer Hospital  
Western Massachusetts

Baystate Wing Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. Baystate Mary Lane Hospital merged with Baystate Wing Hospital effective September 10, 2016. Between FY15 and FY19, the volume of inpatient discharges at the hospital increased by 19.2% compared to a median decrease of 2.7% at cohort hospitals. Outpatient visits decreased 20.2% for the hospital between FY15 and FY19, compared to a median increase of 2.1% for its peer cohort. Baystate Wing Hospital reported a loss in each year of the five year period, including a loss of \$6.2M in FY19 and a total margin of -7.1% compared to its peer cohort median of 3.3%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Baystate Health
	Hospital System Surplus (Deficit) in FY19:	\$71,003,000
	Change in Ownership (FY15-19):	Includes Mary Lane 9/10/16
	Total Staffed Beds:	74, among the smaller acute hospitals
	% Occupancy:	63.2%, < cohort avg. (66%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.94, < cohort avg. (0.96); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,016
	Change FY18-FY19:	7.6%
	Inpatient:Outpatient Revenue in FY19:	26%:74%
	Outpatient Revenue in FY19:	\$50,112,446
	Change FY18-FY19:	0.4%
	Total Revenue in FY19:	\$87,354,000
	Total Surplus (Deficit) in FY19:	-\$6,239,000
	<b>Payer Mix</b>	
	Public Payer Mix:	68.7% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.79
	Top 3 Commercial Payers:	Blue Cross Blue Shield Health New England UniCare
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	3,440
	Change FY18-FY19:	4.3%
	Emergency Department Visits in FY19:	32,274
	Change FY18-FY19:	9.5%
	Outpatient Visits in FY19:	130,889
	Change FY18-FY19:	-1.8%
	<b>Quality</b>	
	Readmission Rate in FY18:	14.2%
	Change FY14-FY18 (percentage points):	-1.1
	Early Elective Deliveries Rate:	Not Applicable



For descriptions of the metrics, please see the technical appendix.



# 2019 HOSPITAL PROFILE: BAYSTATE WING HOSPITAL

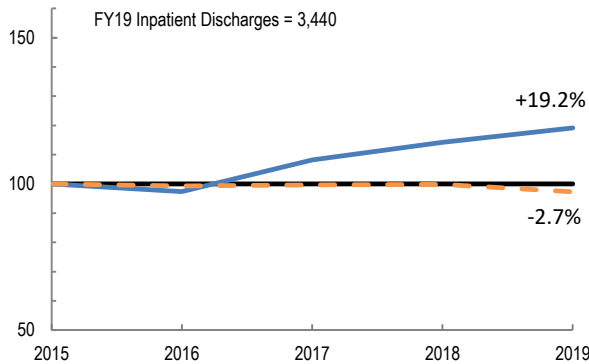
Cohort: Community-High Public Payer Hospital

Key:

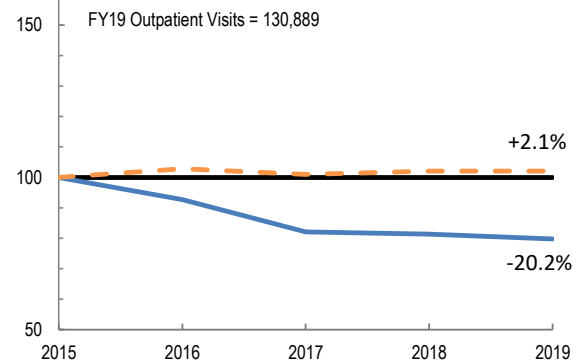
— Hospital  
- - - Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

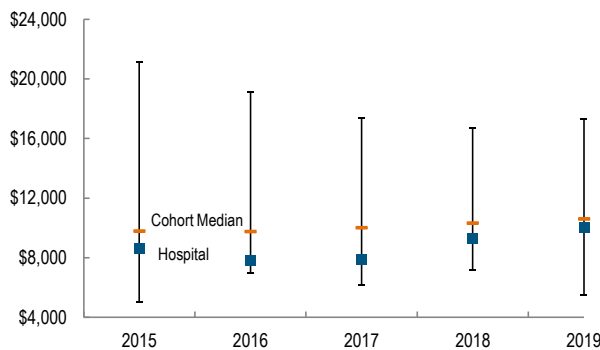


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

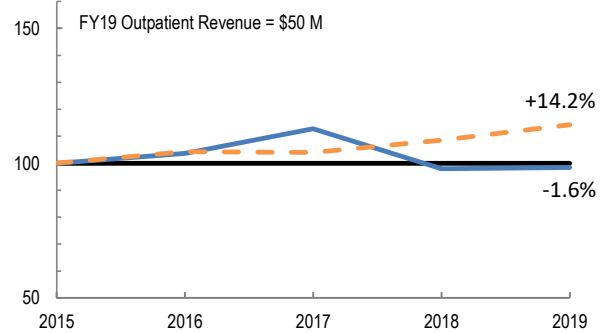


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



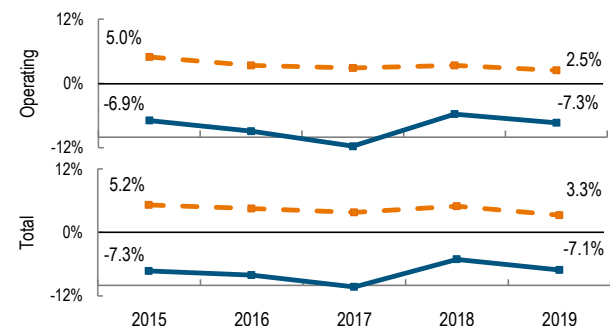
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 74.6	\$ 75.7	\$ 86.4	\$ 85.6	\$ 87.2
<b>Non-Operating Revenue</b>	\$ (0.3)	\$ 0.6	\$ 1.2	\$ 0.5	\$ 0.2
<b>Total Revenue</b>	\$ 74.2	\$ 76.4	\$ 87.6	\$ 86.1	\$ 87.4
<b>Total Costs</b>	\$ 79.7	\$ 82.6	\$ 96.7	\$ 90.5	\$ 93.6
<b>Total Profit (Loss)</b>	\$ (5.4)	\$ (6.2)	\$ (9.1)	\$ (4.4)	\$ (6.2)

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).



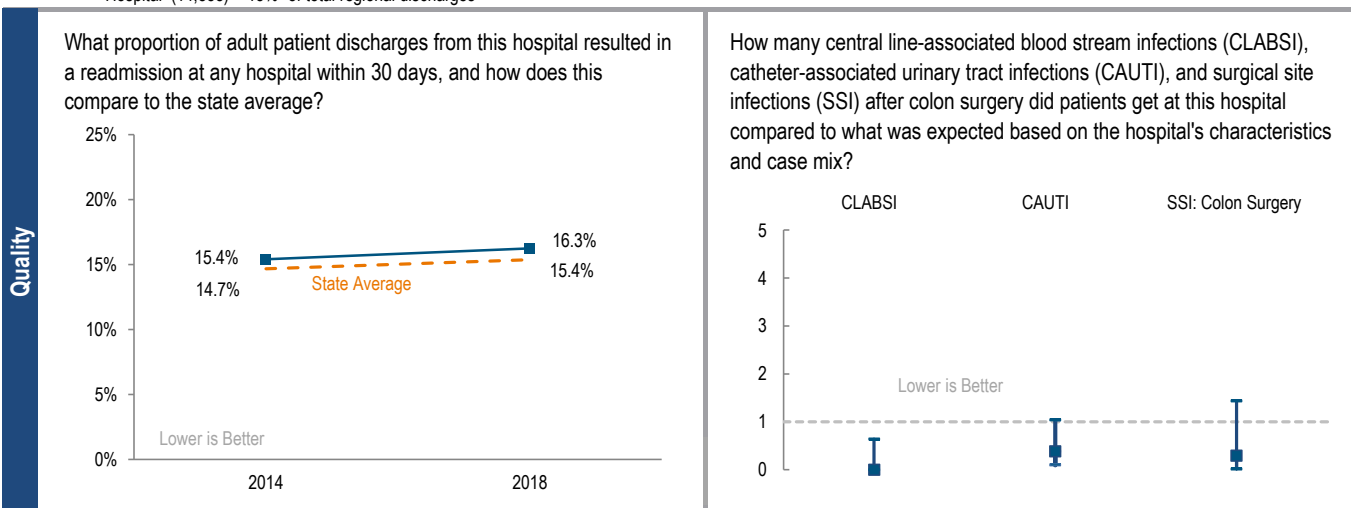
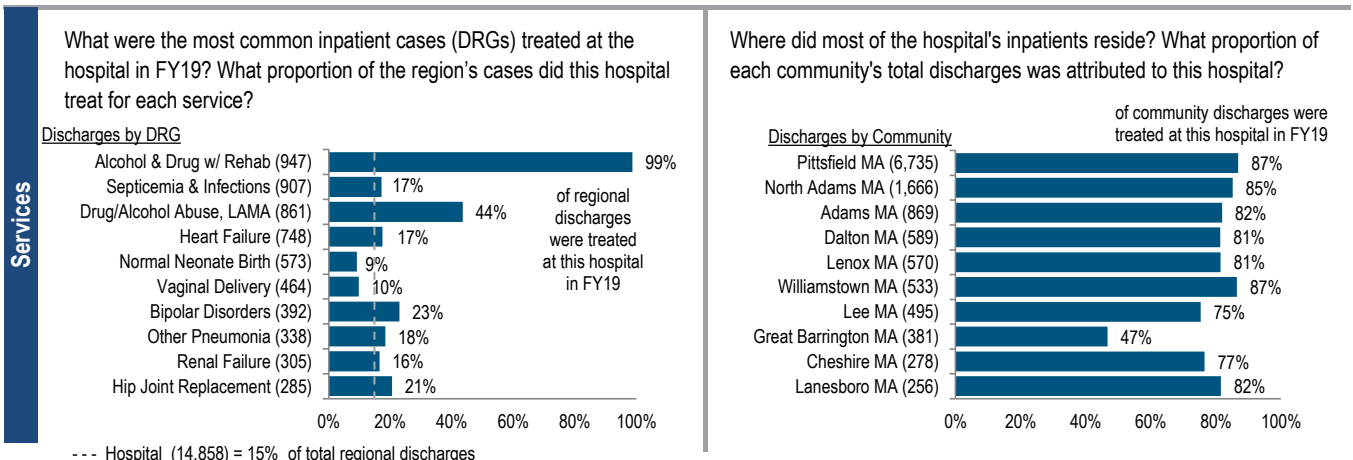
# BERKSHIRE MEDICAL CENTER

## 2019 Hospital Profile

Pittsfield, MA  
Community-High Public Payer Hospital  
Western Massachusetts

Berkshire Medical Center is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. It is a Level 3 Trauma center and a member of Berkshire Health Systems. Between FY15 and FY19, the volume of inpatient discharges at the hospital decreased by 1.8% compared to a median decrease of 2.7% at cohort hospitals. Outpatient visits increased 16.4% for the hospital between FY15 and FY19, compared to a median increase of 2.1% for its peer cohort. The hospital has reported a profit in each of the last five years. In FY19 it had a total margin of 7.4%, above the 3.3% median of its cohort hospitals.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Berkshire Health Systems
	Hospital System Surplus (Deficit) in FY19:	\$24,177,823
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	214, mid-size acute hospital
	% Occupancy:	88.9%, highest in cohort avg. (66%)
	Special Public Funding:	HCII <sup>1</sup>
	Trauma Center Designation:	Adult: Level 3
	Case Mix Index:	1.02, > cohort avg. (0.96); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$11,786
	Change FY18-FY19:	0.7%
	Inpatient:Outpatient Revenue in FY19:	31%:69%
	Outpatient Revenue in FY19:	\$281,387,201
	Change FY18-FY19:	-1.4%
	Total Revenue in FY19:	\$539,216,915
	Total Surplus (Deficit) in FY19:	\$40,131,258
	<b>Payer Mix</b>	
	Public Payer Mix:	72.1% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	1.23
	Top 3 Commercial Payers:	Blue Cross Blue Shield Health New England Cigna East
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	14,858
	Change FY18-FY19:	-2.9%
	Emergency Department Visits in FY19:	53,713
	Change FY18-FY19:	-4.0%
	Outpatient Visits in FY19:	307,375
	Change FY18-FY19:	0.2%
	<b>Quality</b>	
	Readmission Rate in FY18:	16.3%
	Change FY14-FY18 (percentage points):	0.9
	Early Elective Deliveries Rate:	0.0%



For descriptions of the metrics, please see the technical appendix.

# 2019 HOSPITAL PROFILE: BERKSHIRE MEDICAL CENTER

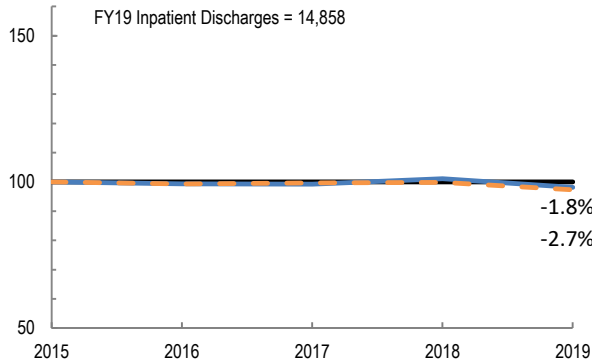
Cohort: Community-High Public Payer Hospital

Key:

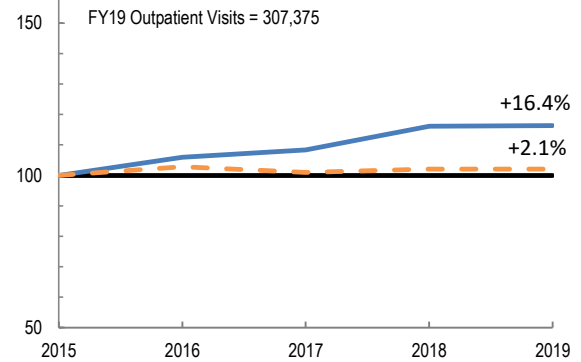


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

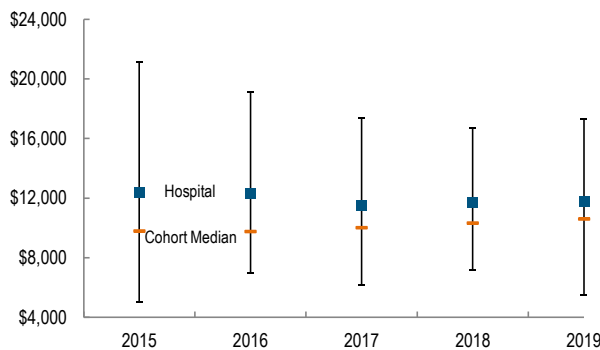


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

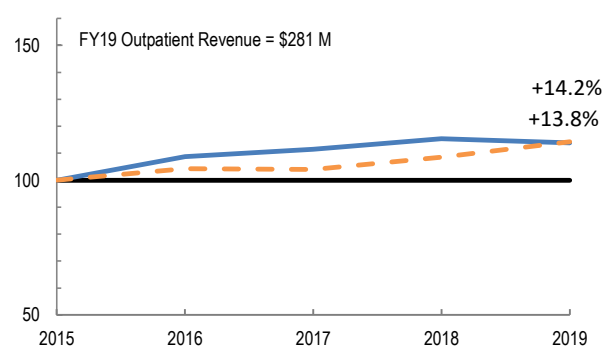


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



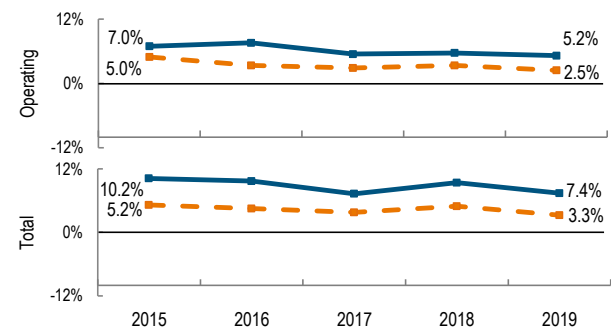
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 438.8	\$ 476.6	\$ 486.0	\$ 509.1	\$ 527.0
<b>Non-Operating Revenue</b>	\$ 14.8	\$ 10.2	\$ 9.3	\$ 19.1	\$ 12.2
<b>Total Revenue</b>	\$ 453.6	\$ 486.8	\$ 495.3	\$ 528.2	\$ 539.2
<b>Total Costs</b>	\$ 407.2	\$ 439.6	\$ 459.0	\$ 478.8	\$ 499.1
<b>Total Profit (Loss)</b>	\$ 46.4	\$ 47.2	\$ 36.3	\$ 49.4	\$ 40.1

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

η For more information on Health Care Innovation Investment Program (HCII) special funding, please contact the Health Policy Commission (HPC).

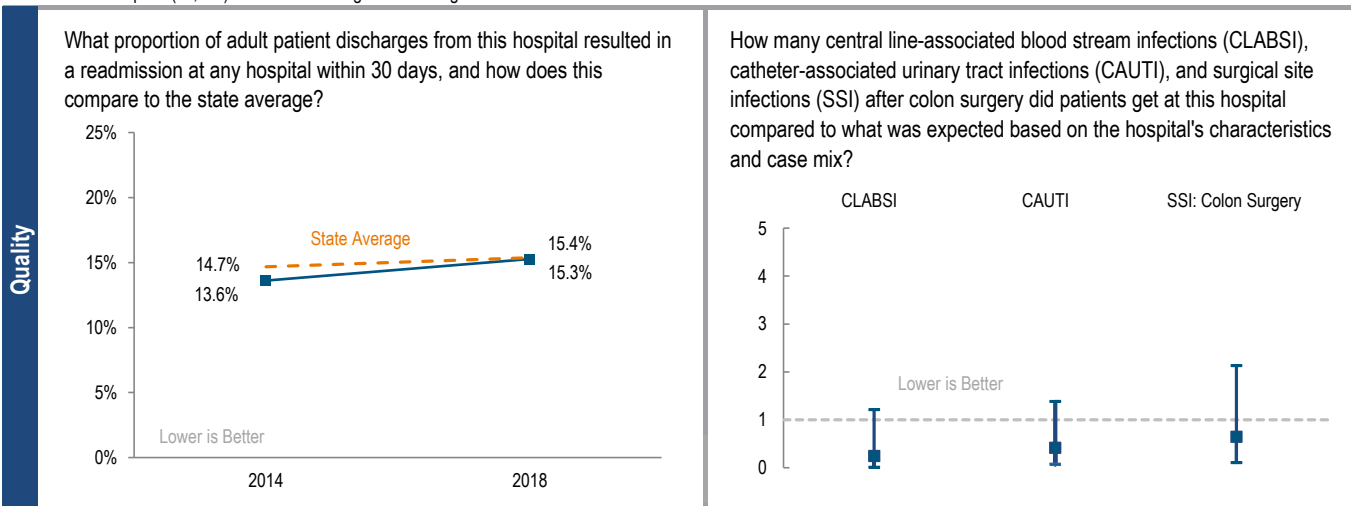
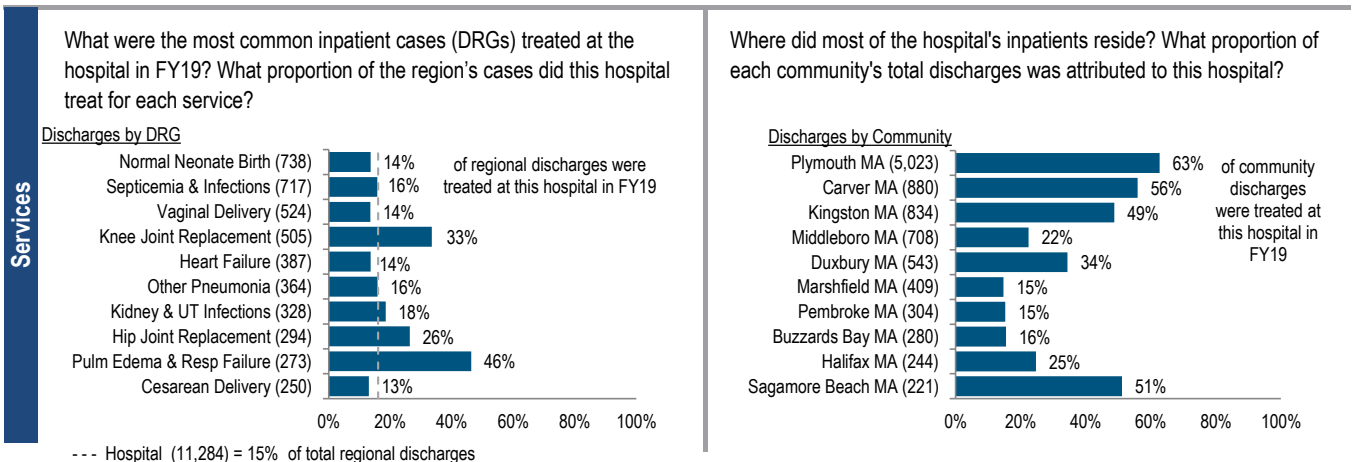
# BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH

## 2019 Hospital Profile

Plymouth, MA  
Community-High Public Payer Hospital  
Metro South

Beth Israel Deaconess Hospital – Plymouth (BID-Plymouth) is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Metro South region. It is a member of Beth Israel Lahey Health. Between FY15 and FY19, the volume of inpatient discharges at the hospital increased by 24.1% compared to a median decrease of 2.7% at cohort hospitals. Outpatient visits increased by 6.2% for the hospital between FY15 and FY19, compared to a median increase of 2.1% for its peer cohort. The hospital has reported a profit in each of the last five years. In FY19 it had a total margin of 6.4%, above the 3.3% median of its cohort hospitals.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Beth Israel Lahey Health
	Hospital System Surplus (Deficit) in FY19:	\$102,634,000
	Change in Ownership (FY15-19):	Beth Israel Lahey Health 3/1/19
	Total Staffed Beds:	183, mid-size acute hospital
	% Occupancy:	77.1%, > cohort avg. (66%)
	Special Public Funding:	HCIIn, CHRTF°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.03, > cohort avg. (0.96); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$11,822
	Change FY18-FY19:	12.0%
	Inpatient:Outpatient Revenue in FY19:	35%:65%
	Outpatient Revenue in FY19:	\$149,429,488
	Change FY18-FY19:	5.2%
	Total Revenue in FY19:	\$177,583,000
	Total Surplus (Deficit) in FY19:	\$11,281,000
	<b>Payer Mix</b>	
	Public Payer Mix:	68.6% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.90
	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	11,284
	Change FY18-FY19:	-4.0%
	Emergency Department Visits in FY19:	44,533
	Change FY18-FY19:	-5.2%
	Outpatient Visits in FY19:	129,717
	Change FY18-FY19:	-2.2%
	<b>Quality</b>	
	Readmission Rate in FY18:	15.3%
	Change FY14-FY18 (percentage points):	1.7
	Early Elective Deliveries Rate:	0.0%



For descriptions of the metrics, please see the technical appendix.

# 2019 HOSPITAL PROFILE: BETH ISRAEL DEACONESS HOSPITAL - PLYMOUTH

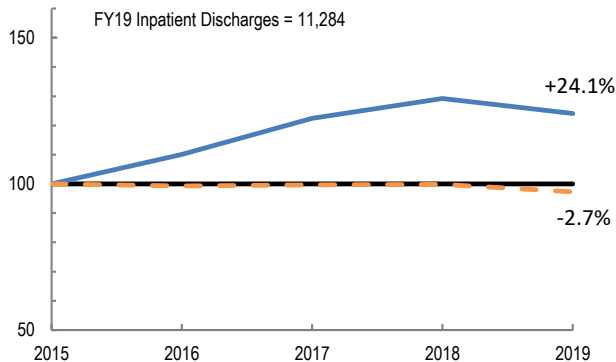
Cohort: Community-High Public Payer Hospital

Key:

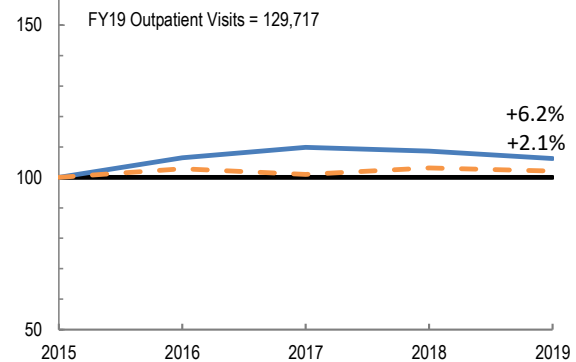


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

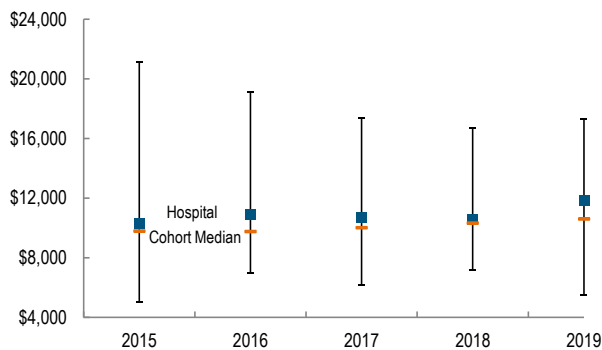


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

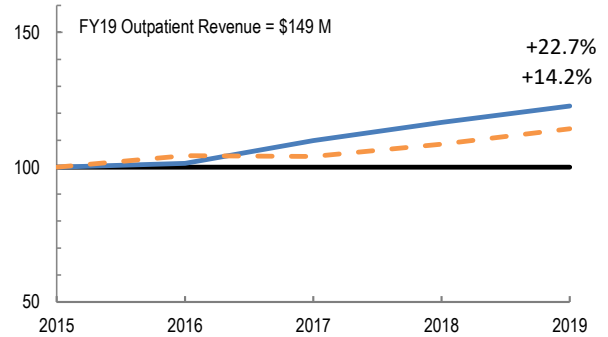


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



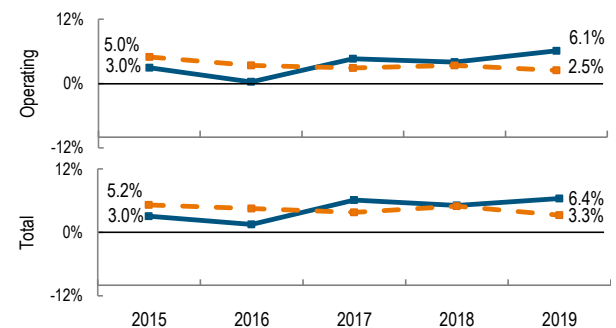
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

Revenue, Cost, & Profit/Loss (in millions)\*\*

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 217.5	\$ 236.6	\$ 260.7	\$ 274.3	\$ 177.1
<b>Non-Operating Revenue</b>	\$ 0.2	\$ 2.9	\$ 3.9	\$ 3.2	\$ 0.5
<b>Total Revenue</b>	\$ 217.7	\$ 239.5	\$ 264.6	\$ 277.5	\$ 177.6
<b>Total Costs</b>	\$ 211.1	\$ 235.9	\$ 248.4	\$ 263.3	\$ 166.3
<b>Total Profit (Loss)</b>	\$ 6.6	\$ 3.6	\$ 16.2	\$ 14.2	\$ 11.3

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

‡ For more information on Health Care Innovation Investment Program (HCII) special funding, please contact the Health Policy Commission (HPC).

\*\* FY19 data reflects the seven months of data after the merger to Beth Israel Lahey Health.

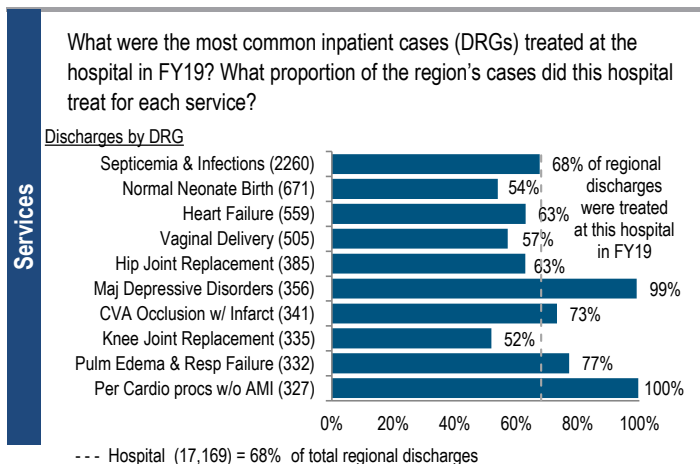
# CAPE COD HOSPITAL

## 2019 Hospital Profile

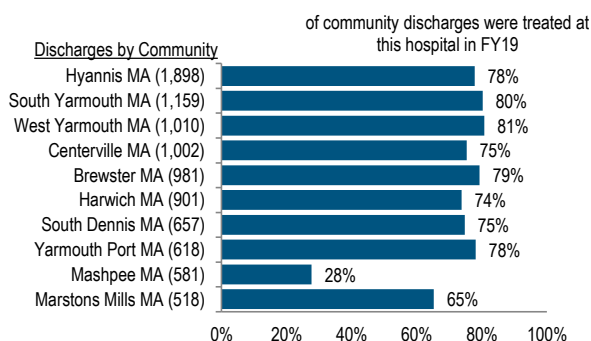
Hyannis, MA  
Community-High Public Payer Hospital  
Cape and Islands

Cape Cod Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Cape and Islands region. It is among the larger acute hospitals in Massachusetts and is a member of Cape Cod Healthcare. Between FY15 and FY19, inpatient discharges at the hospital have increased by 2.2%, compared with a median decrease of 2.7% among cohort hospitals. In the same period, outpatient visits increased by 4.2%, compared to a 2.1% median increase in its cohort. Cape Cod Hospital reported a profit of \$55.9M in FY19 and a total margin of 9.1% compared to the median of 3.3% at its cohort hospitals.

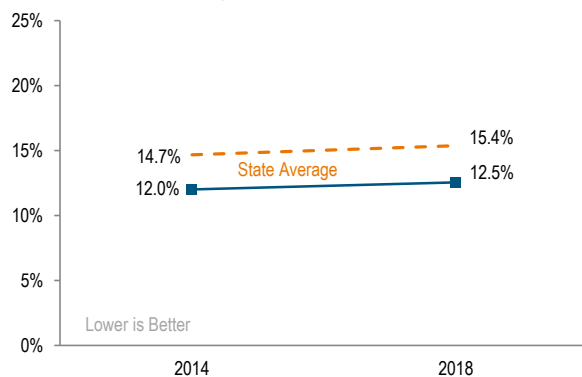
At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Cape Cod Healthcare
	Hospital System Surplus (Deficit) in FY19:	\$42,773,717
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	269, among the larger acute hospitals
	% Occupancy:	75.0%, > cohort avg. (66%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.22, > cohort avg. (0.96); > statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$14,624
	Change FY18-FY19:	14.1%
	Inpatient:Outpatient Revenue in FY19:	40%:60%
	Outpatient Revenue in FY19:	\$286,979,358
	Change FY18-FY19:	-5.5%
	Total Revenue in FY19:	\$615,477,247
	Total Surplus (Deficit) in FY19:	\$55,864,961
	<b>Payer Mix</b>	
	Public Payer Mix:	74.2% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	1.31
	Top 3 Commercial Payers:	Blue Cross Blue Shield Tufts HMO Harvard Pilgrim
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	17,169
	Change FY18-FY19:	1.0%
	Emergency Department Visits in FY19:	78,294
	Change FY18-FY19:	-1.6%
	Outpatient Visits in FY19:	153,184
	Change FY18-FY19:	2.1%
	<b>Quality</b>	
	Readmission Rate in FY18:	12.5%
	Change FY14-FY18 (percentage points):	0.5
	Early Elective Deliveries Rate:	0.0%



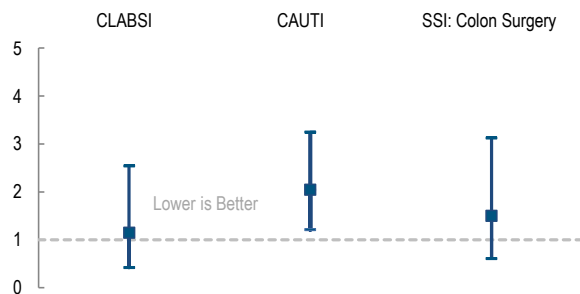
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



## 2019 HOSPITAL PROFILE: CAPE COD HOSPITAL

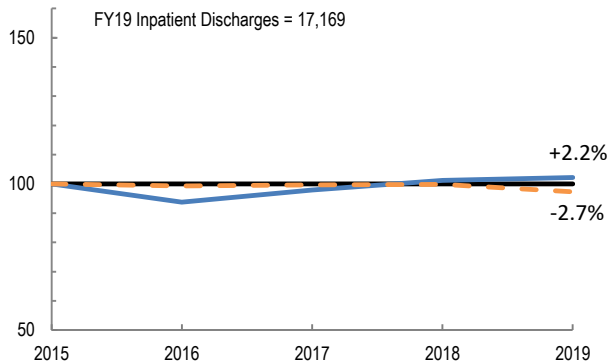
Cohort: Community-High Public Payer Hospital

Key:

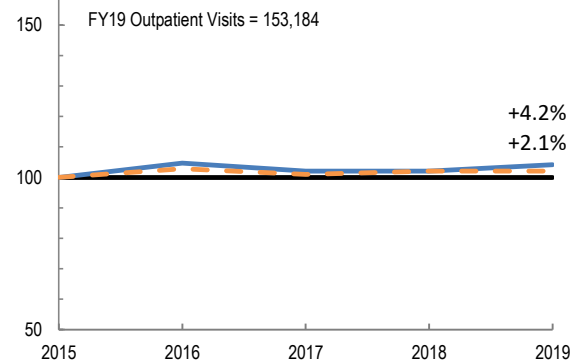


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

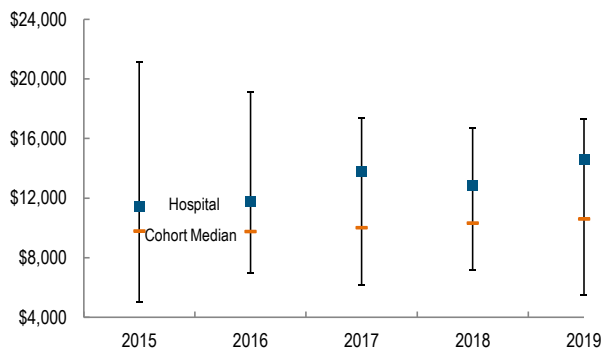


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

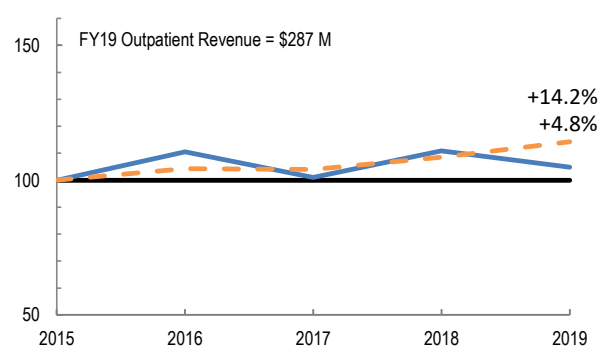


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



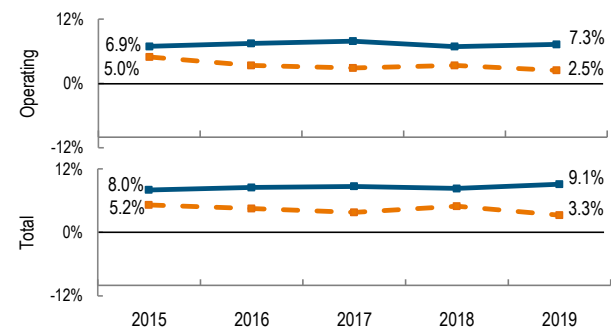
### Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 473.9	\$ 513.5	\$ 541.8	\$ 570.8	\$ 604.6
<b>Non-Operating Revenue</b>	\$ 5.2	\$ 5.2	\$ 4.3	\$ 8.4	\$ 10.9
<b>Total Revenue</b>	\$ 479.1	\$ 518.7	\$ 546.1	\$ 579.2	\$ 615.5
<b>Total Costs</b>	\$ 440.7	\$ 474.5	\$ 498.7	\$ 531.1	\$ 559.6
<b>Total Profit (Loss)</b>	\$ 38.5	\$ 44.2	\$ 47.4	\$ 48.1	\$ 55.9

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?

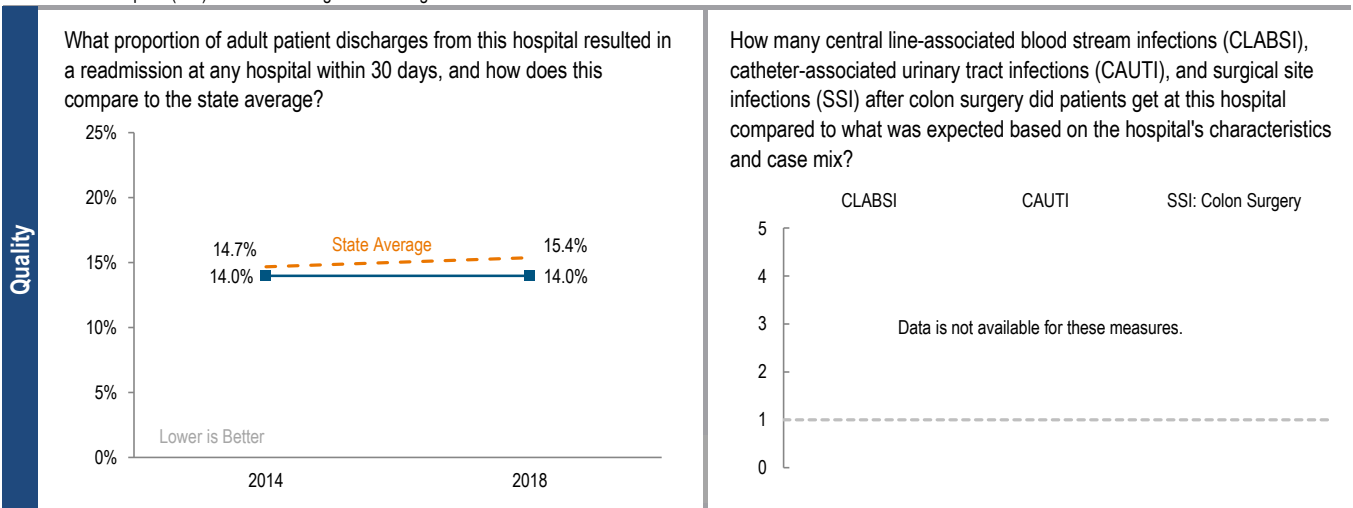
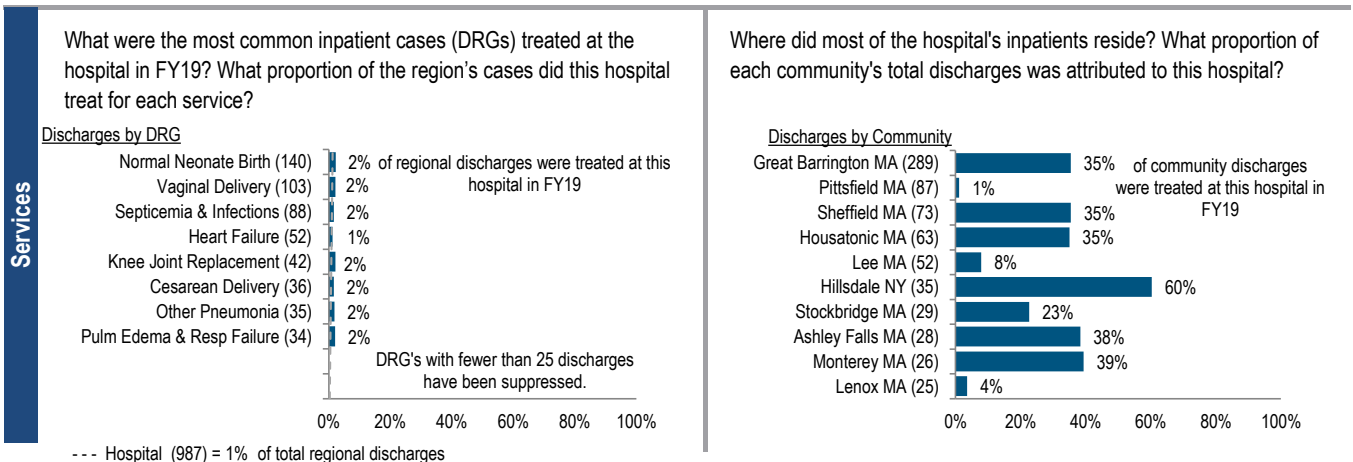


For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Fairview Hospital is a small, non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. It is a member of Berkshire Health Systems. Fairview Hospital is designated by the Centers for Medicare & Medicaid Services (CMS) as one of three Critical Access Hospitals (CAH) in Massachusetts. It earned a profit each year from FY15 to FY19, with a total margin of 8.6% in FY19, compared with a median total margin of 3.3% in its peer cohort. In each of the last five years, Fairview hospital has reported a total margin greater than the median of its peer cohort hospitals.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Berkshire Health Systems
	Hospital System Surplus (Deficit) in FY19:	\$24,177,823
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	28, among the smallest acute hospitals
	% Occupancy:	31.8%, lowest in cohort avg. (66%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.81, < cohort avg. (0.96); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$17,336
	Change FY18-FY19:	3.8%
	Inpatient:Outpatient Revenue in FY19:	16%:84%
	Outpatient Revenue in FY19:	\$42,848,856
	Change FY18-FY19:	8.5%
	Total Revenue in FY19:	\$59,813,062
	Total Surplus (Deficit) in FY19:	\$5,152,048
	<b>Payer Mix</b>	
	Public Payer Mix:	66.3% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	1.33
	Top 3 Commercial Payers:	Blue Cross Blue Shield Health New England Tufts Health Public Plans
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	987
	Change FY18-FY19:	-4.0%
	Emergency Department Visits in FY19:	11,642
	Change FY18-FY19:	3.3%
	Outpatient Visits in FY19:	22,755
	Change FY18-FY19:	6.5%
	<b>Quality</b>	
	Readmission Rate in FY18:	14.0%
	Change FY14-FY18 (percentage points):	0.0
	Early Elective Deliveries Rate:	0.0%





## 2019 HOSPITAL PROFILE: FAIRVIEW HOSPITAL

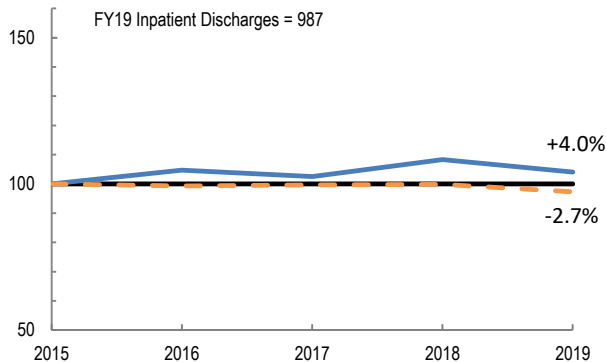
Cohort: Community-High Public Payer Hospital

Key:

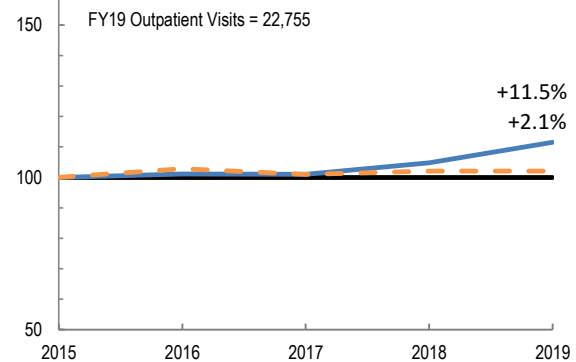


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

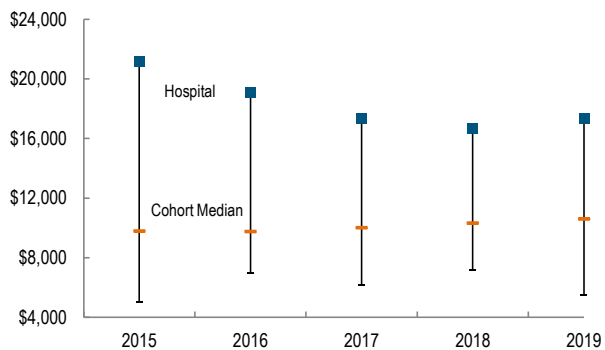


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

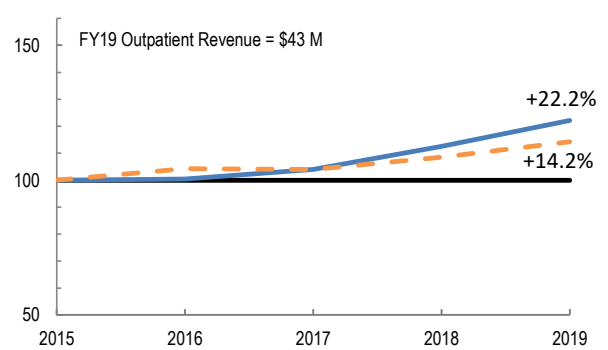


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



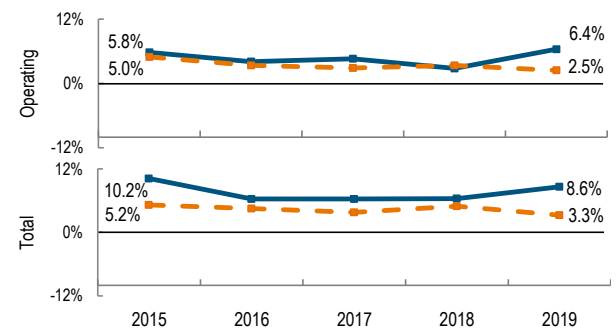
### Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 48.8	\$ 49.7	\$ 50.2	\$ 54.2	\$ 58.5
<b>Non-Operating Revenue</b>	\$ 2.2	\$ 1.1	\$ 0.9	\$ 2.0	\$ 1.3
<b>Total Revenue</b>	\$ 51.0	\$ 50.9	\$ 51.1	\$ 56.2	\$ 59.8
<b>Total Costs</b>	\$ 45.8	\$ 47.7	\$ 47.9	\$ 52.6	\$ 54.7
<b>Total Profit (Loss)</b>	\$ 5.2	\$ 3.2	\$ 3.2	\$ 3.6	\$ 5.2

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?

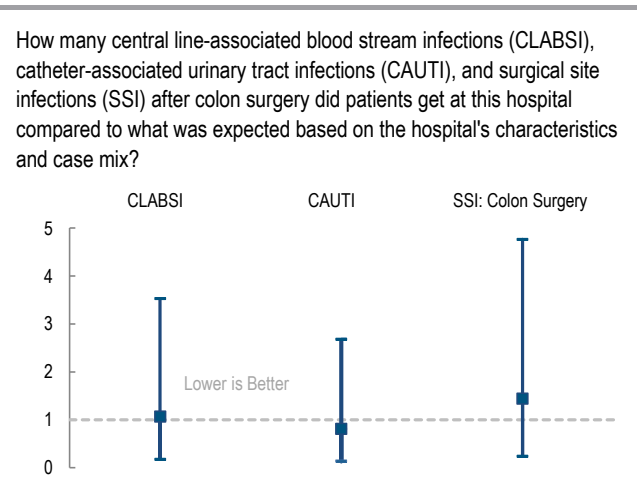
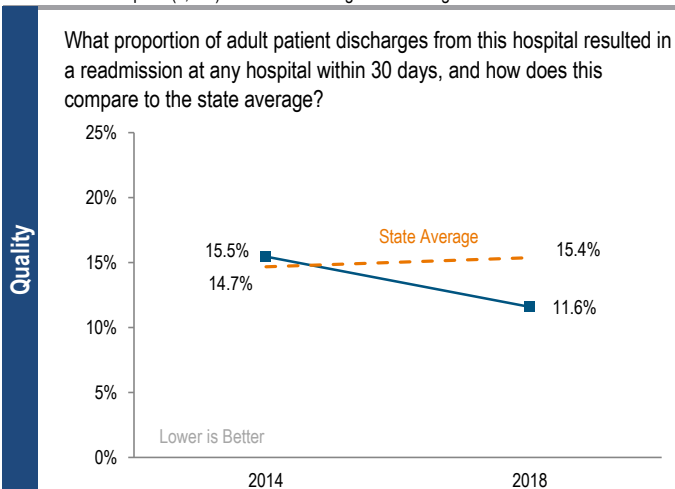
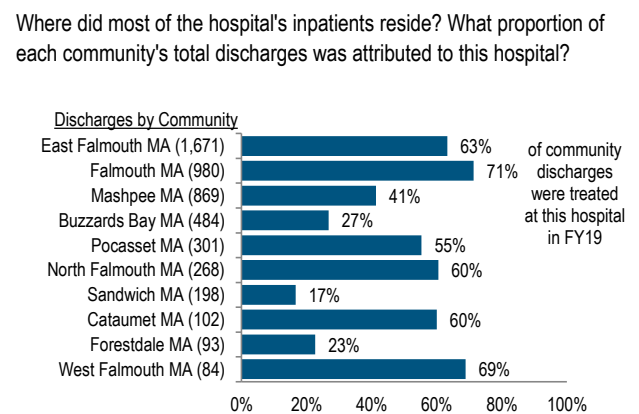
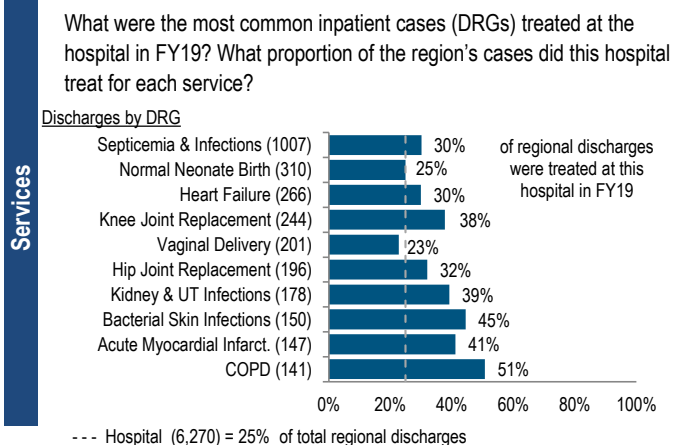


For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Falmouth Hospital is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Cape and Islands region. It is a member of Cape Cod Healthcare. Between FY15 and FY19, its inpatient discharges decreased 0.7% compared to a median decrease of 2.7%. Outpatient visits decreased 5.6% compared to a median increase of 2.1%. Falmouth Hospital earned a profit each year from FY15 to FY19, and reported a 7.1% total margin in FY19, compared to a cohort median total margin of 3.3%. Falmouth Hospital's total margin has been higher than its peer cohort median in each of the last five years.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Cape Cod Healthcare
	Hospital System Surplus (Deficit) in FY19:	\$42,773,717
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	103, mid-size acute hospital
	% Occupancy:	61.4%, < cohort avg. (66%)
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.02, > cohort avg. (0.96); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$8,934
	Change FY18-FY19:	-20.6%
	Inpatient:Outpatient Revenue in FY19:	31%:69%
	Outpatient Revenue in FY19:	\$109,900,911
	Change FY18-FY19:	20.6%
	Total Revenue in FY19:	\$177,348,324
	Total Surplus (Deficit) in FY19:	\$12,660,330
	<b>Payer Mix</b>	
	Public Payer Mix:	71.7% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	1.39
	Top 3 Commercial Payers:	Blue Cross Blue Shield Tufts HMO Harvard Pilgrim
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	6,270
	Change FY18-FY19:	0.7%
	Emergency Department Visits in FY19:	31,137
	Change FY18-FY19:	-4.2%
	Outpatient Visits in FY19:	45,147
	Change FY18-FY19:	-10.0%
	<b>Quality</b>	
	Readmission Rate in FY18:	11.6%
	Change FY14-FY18 (percentage points):	-3.9
	Early Elective Deliveries Rate:	2.9%



## 2019 HOSPITAL PROFILE: FALMOUTH HOSPITAL

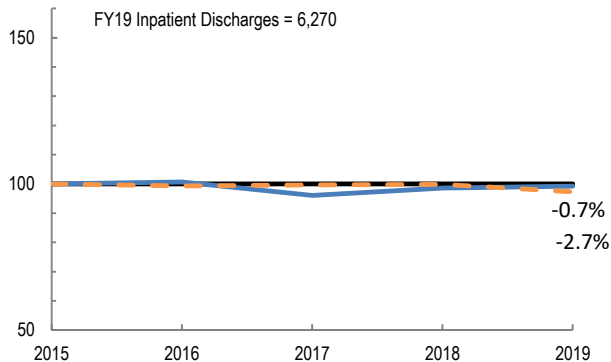
Cohort: Community-High Public Payer Hospital

Key:

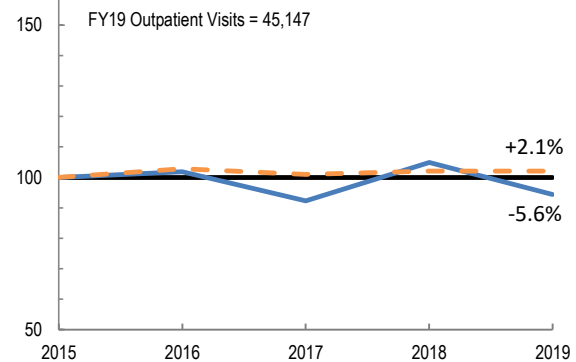


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

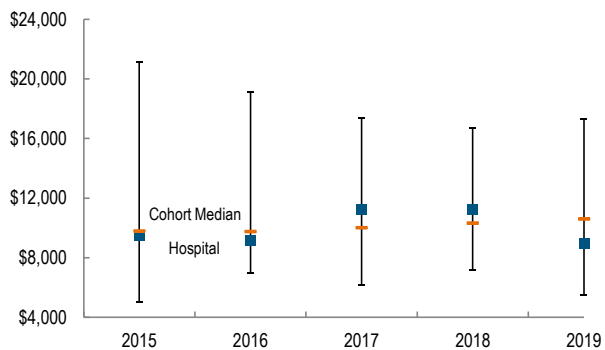


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

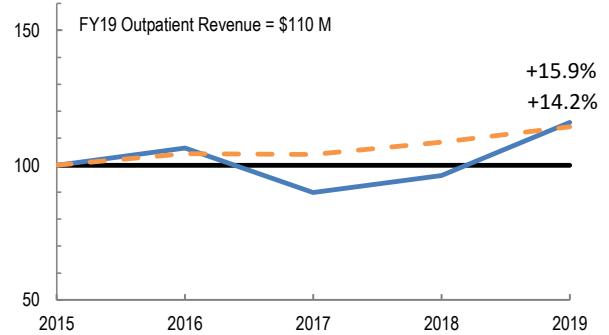


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



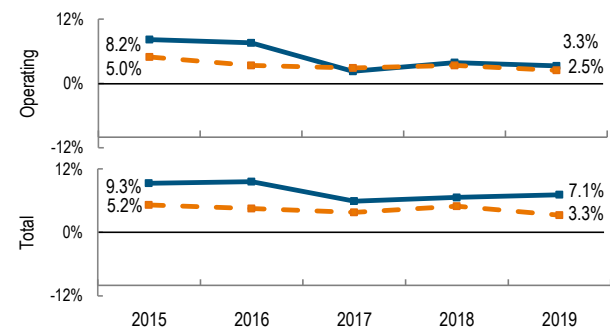
### Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 157.3	\$ 163.0	\$ 158.2	\$ 164.6	\$ 170.5
<b>Non-Operating Revenue</b>	\$ 1.8	\$ 3.5	\$ 5.9	\$ 4.6	\$ 6.9
<b>Total Revenue</b>	\$ 159.1	\$ 166.4	\$ 164.1	\$ 169.2	\$ 177.3
<b>Total Costs</b>	\$ 144.2	\$ 150.4	\$ 154.5	\$ 158.1	\$ 164.7
<b>Total Profit (Loss)</b>	\$ 14.8	\$ 16.1	\$ 9.6	\$ 11.1	\$ 12.7

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

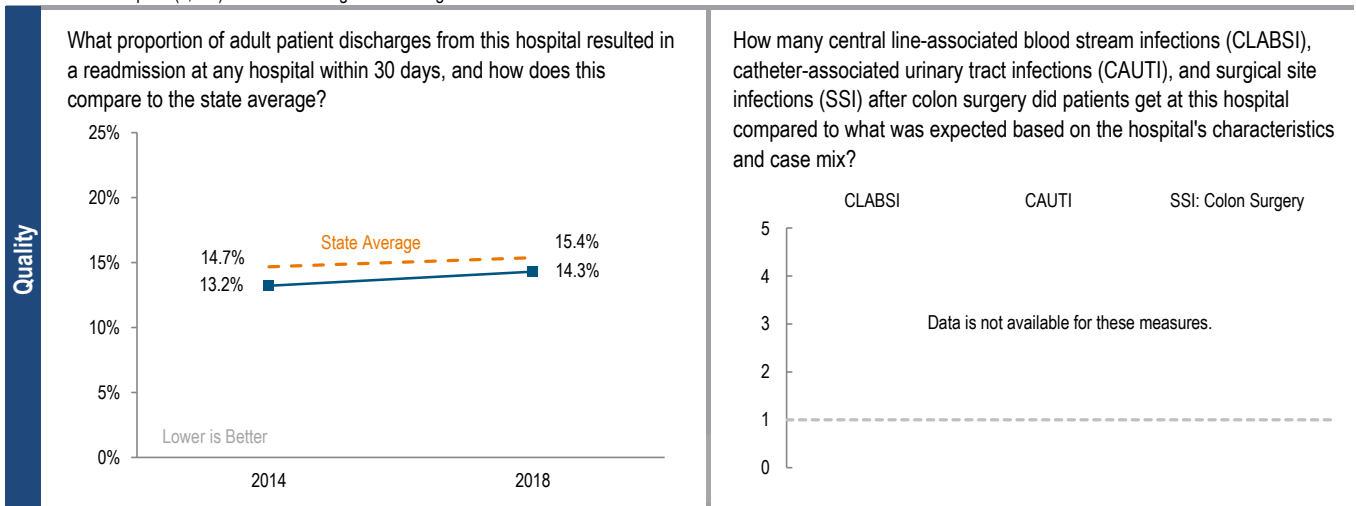
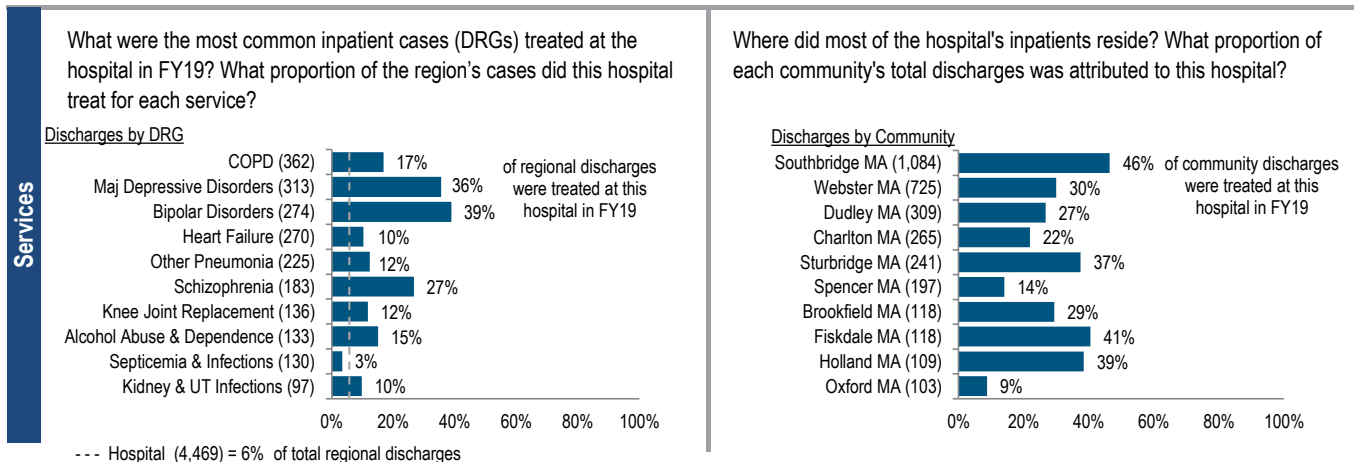
# HARRINGTON MEMORIAL HOSPITAL

## 2019 Hospital Profile

Southbridge, MA  
Community-High Public Payer Hospital  
Central Massachusetts

Harrington Memorial Hospital is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Central Massachusetts region. Between FY15 and FY19, the volume of inpatient discharges at the hospital increased by 5.2% compared to a median decrease of 2.7% at cohort hospitals. Outpatient visits increased by 2.9% for the hospital between FY15 and FY19, compared to a median increase of 2.1% for its peer cohort. Harrington reported a profit in each year of the five-year period. In FY19, its total margin of 9.3% was higher than its peer cohort median of 3.3%. Harrington Healthcare System is planning to join UMass Memorial Healthcare pending regulatory approval.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Harrington Healthcare System, Inc.
	Hospital System Surplus (Deficit) in FY19:	\$2,708,178
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	119, mid-size acute hospital
	% Occupancy:	48.1%, < cohort avg. (66%)
	Special Public Funding:	HCI <sup>II</sup> , CHRTF <sup>o</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.89, < cohort avg. (0.96); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$7,879
	Change FY18-FY19:	5.9%
	Inpatient:Outpatient Revenue in FY19:	18%:82%
	Outpatient Revenue in FY19:	\$104,176,161
	Change FY18-FY19:	-0.2%
	Total Revenue in FY19:	\$146,455,042
	Total Surplus (Deficit) in FY19:	\$13,625,962
	<b>Payer Mix</b>	
	Public Payer Mix:	66.8% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.85
	Top 3 Commercial Payers:	Blue Cross Blue Shield Fallon Tufts HMO
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	4,469
	Change FY18-FY19:	0.3%
	Emergency Department Visits in FY19:	39,529
	Change FY18-FY19:	-5.7%
	Outpatient Visits in FY19:	82,521
	Change FY18-FY19:	1.3%
	<b>Quality</b>	
	Readmission Rate in FY18:	14.3%
	Change FY14-FY18 (percentage points):	1.1
	Early Elective Deliveries Rate:	Not Applicable



For descriptions of the metrics, please see the technical appendix.

# 2019 HOSPITAL PROFILE: HARRINGTON MEMORIAL HOSPITAL

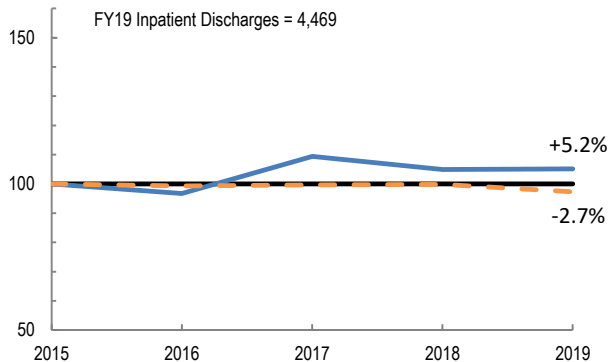
Cohort: Community-High Public Payer Hospital

Key:

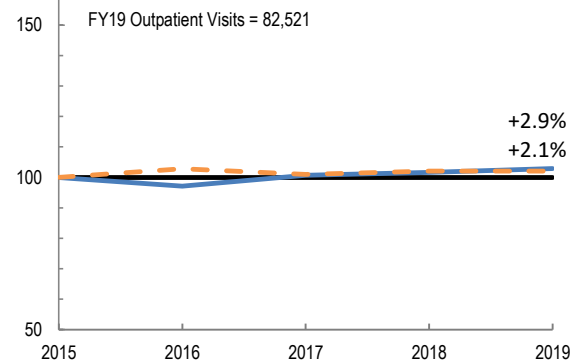


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

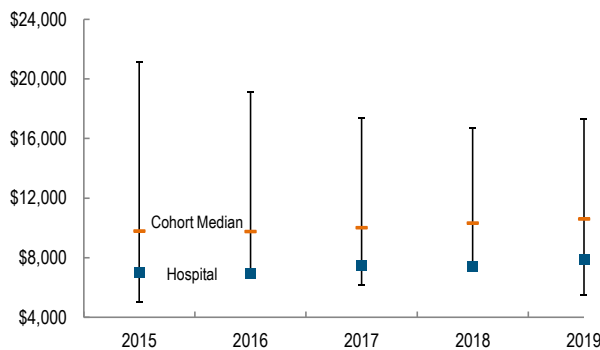


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

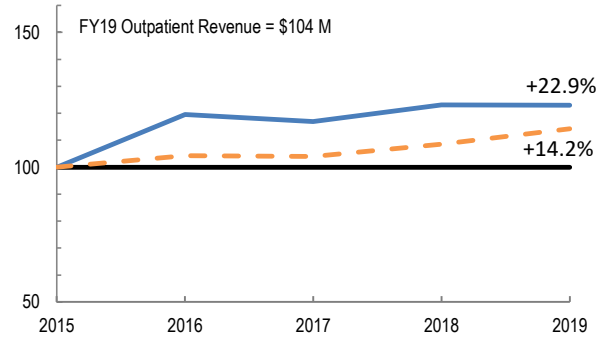


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



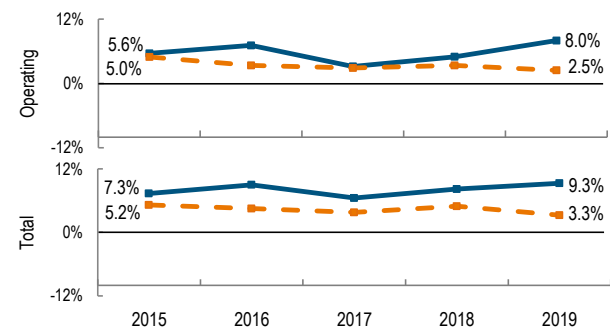
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 124.0	\$ 135.5	\$ 137.9	\$ 142.8	\$ 144.6
<b>Non-Operating Revenue</b>	\$ 2.1	\$ 2.6	\$ 4.7	\$ 4.7	\$ 1.9
<b>Total Revenue</b>	\$ 126.1	\$ 138.0	\$ 142.7	\$ 147.6	\$ 146.5
<b>Total Costs</b>	\$ 116.9	\$ 125.6	\$ 133.4	\$ 135.4	\$ 132.8
<b>Total Profit (Loss)</b>	\$ 9.3	\$ 12.4	\$ 9.3	\$ 12.1	\$ 13.6

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

θ For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

η For more information on Health Care Innovation Investment Program (HCII) special funding, please contact the Health Policy Commission (HPC).

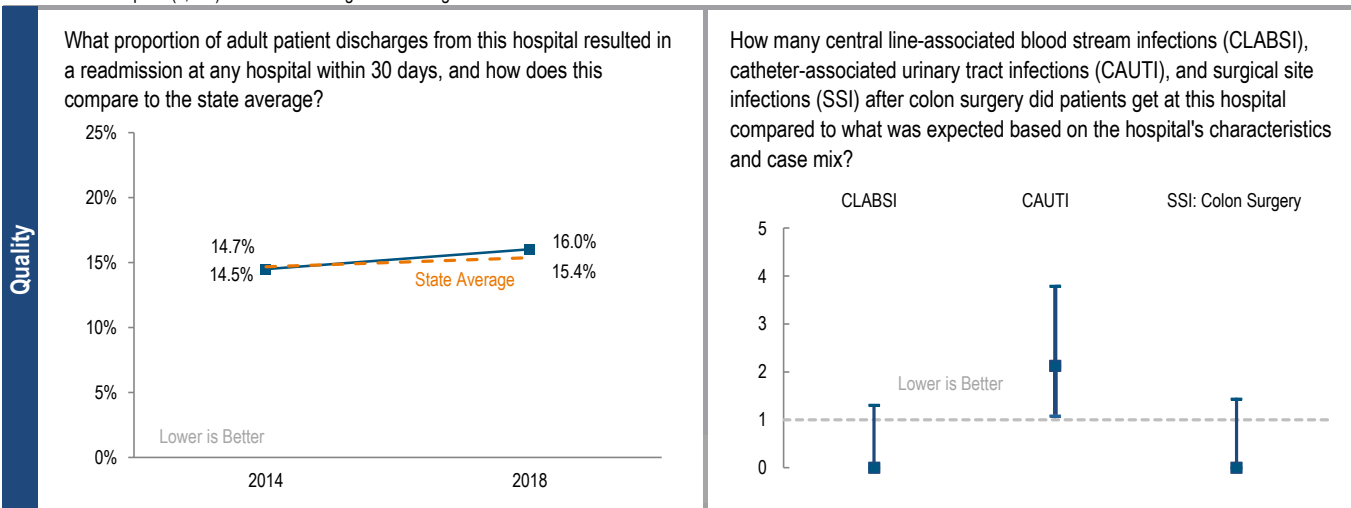
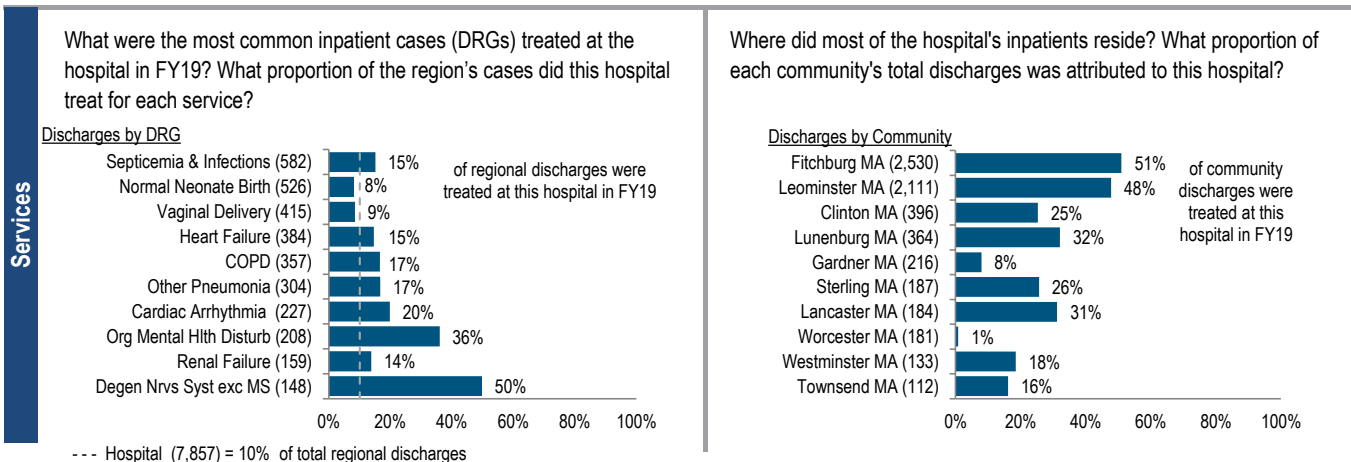
# HEALTHALLIANCE-CLINTON HOSPITAL

## 2019 Hospital Profile

Leominster, Fitchburg & Clinton, MA  
Community-High Public Payer Hospital  
Central Massachusetts

HealthAlliance Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Central Massachusetts region. It is a member of UMass Memorial Health Care. On October 1, 2017, Health Alliance Hospital merged with Clinton Hospital to form Health Alliance-Clinton Hospital. From FY15 to FY19, outpatient visits at HealthAlliance Hospital decreased by 3.8%, compared to its peer cohort median increase of 2.1%. Over the same period, outpatient revenue increased for HealthAlliance by 4.1%, compared to a median increase of 14.2% for its peer cohort. After reporting a profit in each year from FY15 through FY17, HealthAlliance Hospital reported losses in FY18 and FY19.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	UMass Memorial Health Care
	Hospital System Surplus (Deficit) in FY19:	\$216,685,000
	Change in Ownership (FY15-19):	Includes Clinton 10/1/17
	Total Staffed Beds:	121, mid-size acute hospital
	% Occupancy:	82.3%, > cohort avg. (66%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.04, > cohort avg. (0.96); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$8,157
	Change FY18-FY19:	-12.4%
	Inpatient:Outpatient Revenue in FY19:	31%:69%
	Outpatient Revenue in FY19:	\$104,511,688
	Change FY18-FY19:	9.7%
	Total Revenue in FY19:	\$205,276,000
	Total Surplus (Deficit) in FY19:	-\$8,211,000
	<b>Payer Mix</b>	
	Public Payer Mix:	70.0% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.87
	Top 3 Commercial Payers:	Blue Cross Blue Shield Fallon Tufts HMO
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	7,857
	Change FY18-FY19:	-1.6%
	Emergency Department Visits in FY19:	81,613
	Change FY18-FY19:	-10.0%
	Outpatient Visits in FY19:	112,595
	Change FY18-FY19:	-6.7%
	<b>Quality</b>	
	Readmission Rate in FY18:	16.0%
	Change FY14-FY18 (percentage points):	1.5
	Early Elective Deliveries Rate:	0.0%



For descriptions of the metrics, please see the technical appendix.

# 2019 HOSPITAL PROFILE: HEALTHALLIANCE-CLINTON HOSPITAL

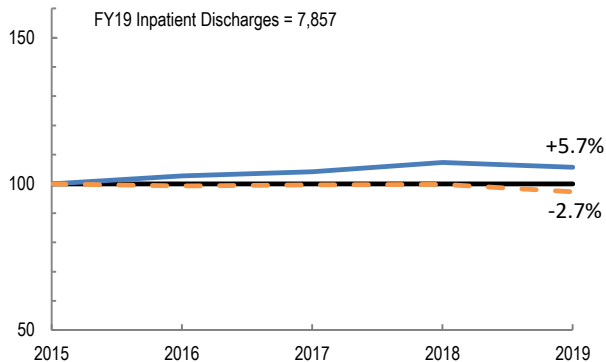
Cohort: Community-High Public Payer Hospital

Key:

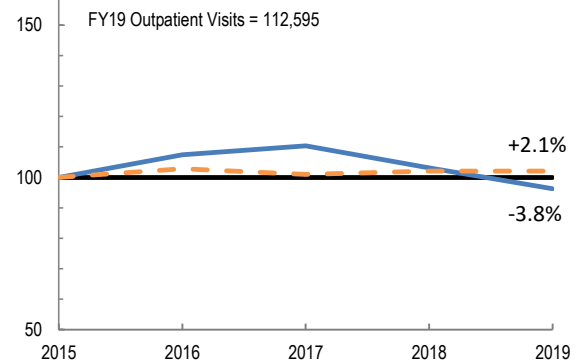
— Hospital  
- - - Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

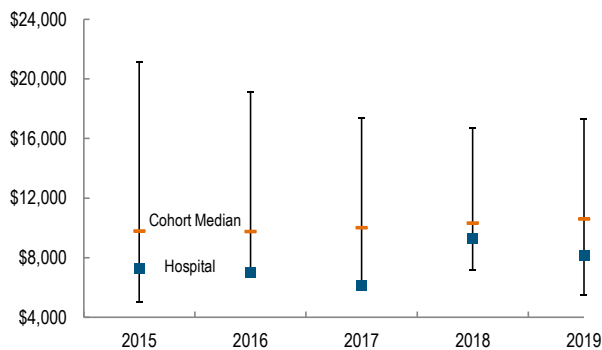


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

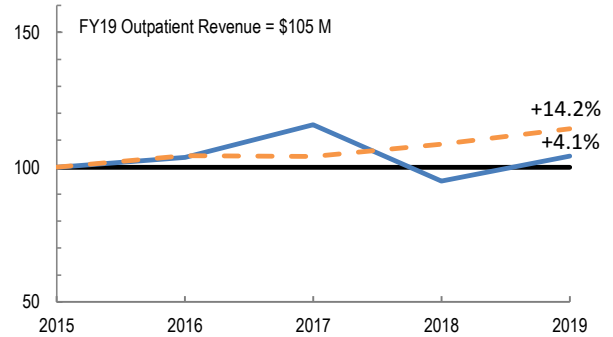


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



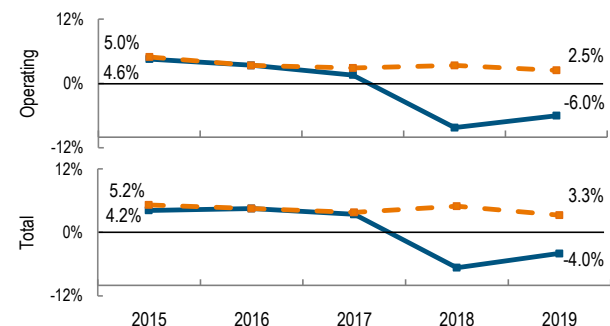
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 168.0	\$ 181.0	\$ 188.4	\$ 200.5	\$ 201.3
<b>Non-Operating Revenue</b>	\$ (0.7)	\$ 2.0	\$ 3.5	\$ 3.0	\$ 4.0
<b>Total Revenue</b>	\$ 167.3	\$ 183.0	\$ 191.9	\$ 203.5	\$ 205.3
<b>Total Costs</b>	\$ 160.4	\$ 174.8	\$ 185.3	\$ 217.1	\$ 213.5
<b>Total Profit (Loss)</b>	\$ 7.0	\$ 8.2	\$ 6.6	\$ (13.7)	\$ (8.2)

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

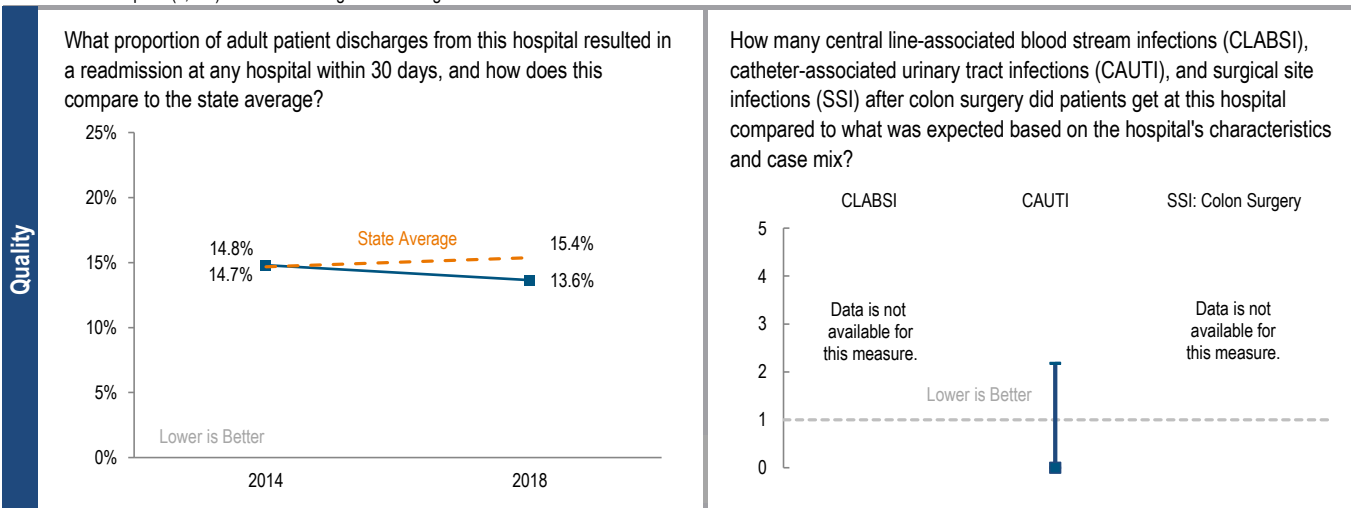
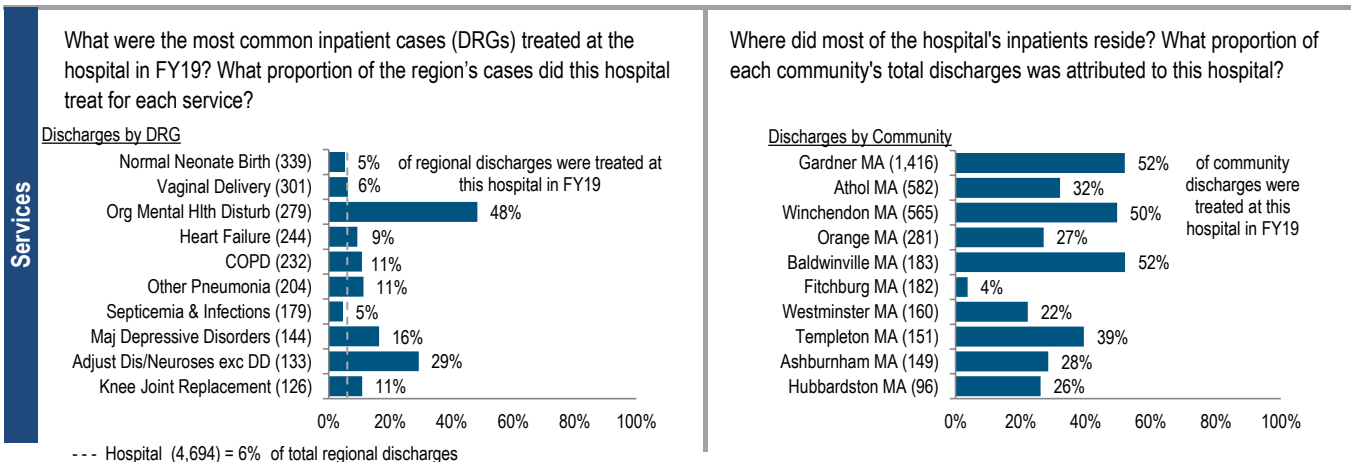
\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).



Heywood Hospital is a small, non-profit community-High Public Payer (HPP) hospital located in the Central Massachusetts region. It is a member of Heywood Healthcare. Between FY15 and FY19, the volume of inpatient discharges at the hospital decreased by 6.0% compared to a median decrease of 2.7% at cohort hospitals. Outpatient visits increased by 9.5% for the hospital between FY15 and FY19, compared to a median increase of 2.1% for its peer cohort. Heywood Hospital reported a profit in each year of the five-year period. In FY19 its total margin of 2.8% was lower than its peer cohort median of 3.3%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Heywood Healthcare
	Hospital System Surplus (Deficit) in FY19:	\$2,268,589
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	99, among the smaller acute hospitals
	% Occupancy:	62.8%, < cohort avg. (66%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.92, < cohort avg. (0.96); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$7,481
	Change FY18-FY19:	-12.6%
	Inpatient:Outpatient Revenue in FY19:	18%:82%
	Outpatient Revenue in FY19:	\$97,246,685
	Change FY18-FY19:	23.6%
	Total Revenue in FY19:	\$142,989,211
	Total Surplus (Deficit) in FY19:	\$4,001,254
	<b>Payer Mix</b>	
	Public Payer Mix:	66.1% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.73
	Top 3 Commercial Payers:	Blue Cross Blue Shield Tufts HMO Fallon
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	4,694
	Change FY18-FY19:	-5.4%
	Emergency Department Visits in FY19:	27,040
	Change FY18-FY19:	-4.4%
	Outpatient Visits in FY19:	89,176
	Change FY18-FY19:	12.1%
	<b>Quality</b>	
	Readmission Rate in FY18:	13.6%
	Change FY14-FY18 (percentage points):	-1.1
	Early Elective Deliveries Rate:	1.8%



## 2019 HOSPITAL PROFILE: HEYWOOD HOSPITAL

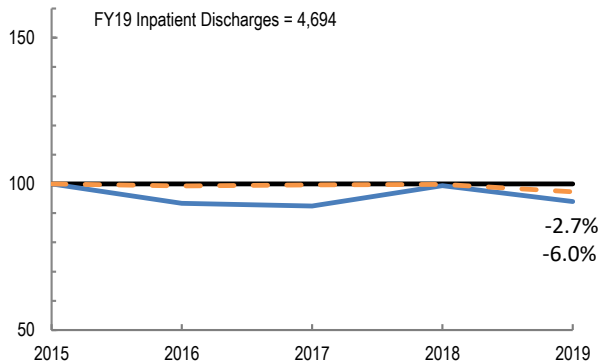
Cohort: Community-High Public Payer Hospital

Key:

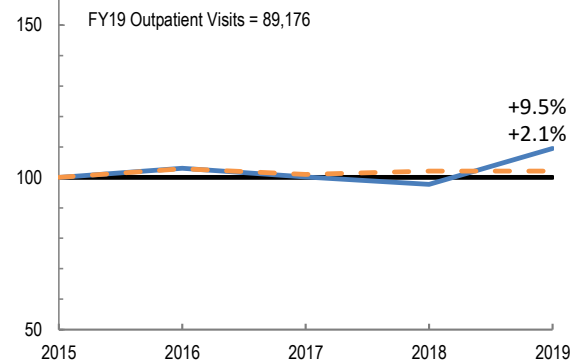


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

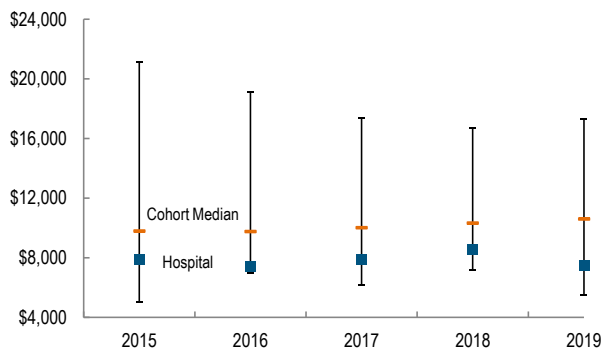


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

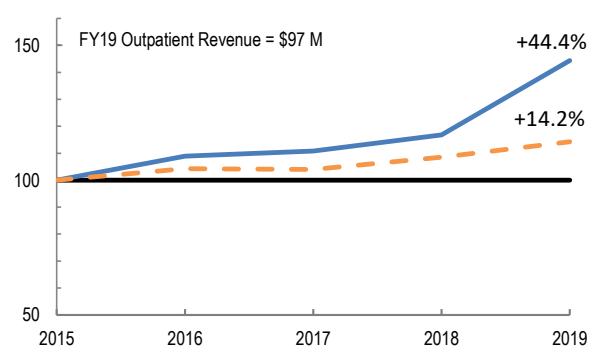


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



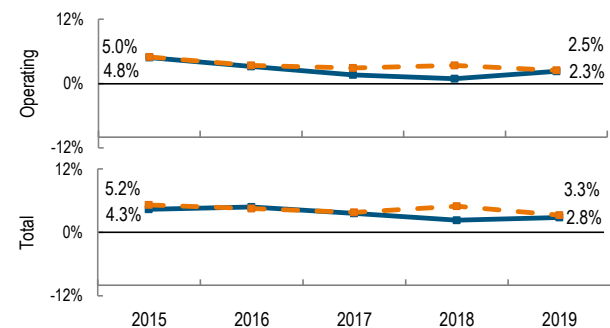
### Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 106.3	\$ 110.7	\$ 114.8	\$ 123.7	\$ 142.3
<b>Non-Operating Revenue</b>	\$ (0.5)	\$ 1.8	\$ 2.3	\$ 1.8	\$ 0.7
<b>Total Revenue</b>	\$ 105.8	\$ 112.6	\$ 117.2	\$ 125.4	\$ 143.0
<b>Total Costs</b>	\$ 101.2	\$ 107.2	\$ 113.0	\$ 122.5	\$ 139.0
<b>Total Profit (Loss)</b>	\$ 4.6	\$ 5.4	\$ 4.2	\$ 2.9	\$ 4.0

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



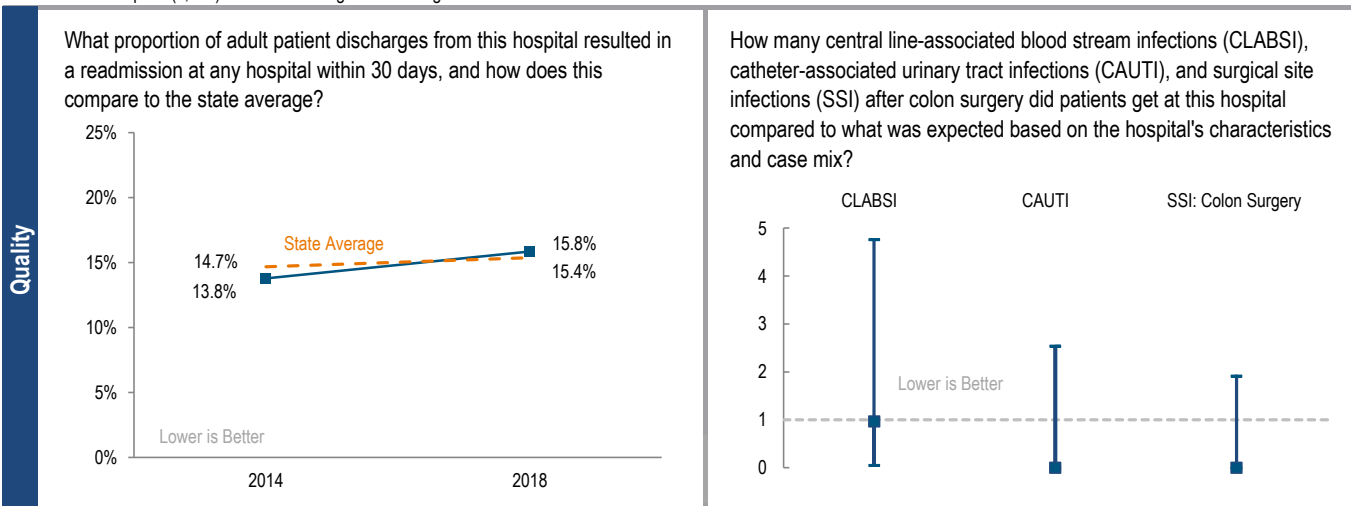
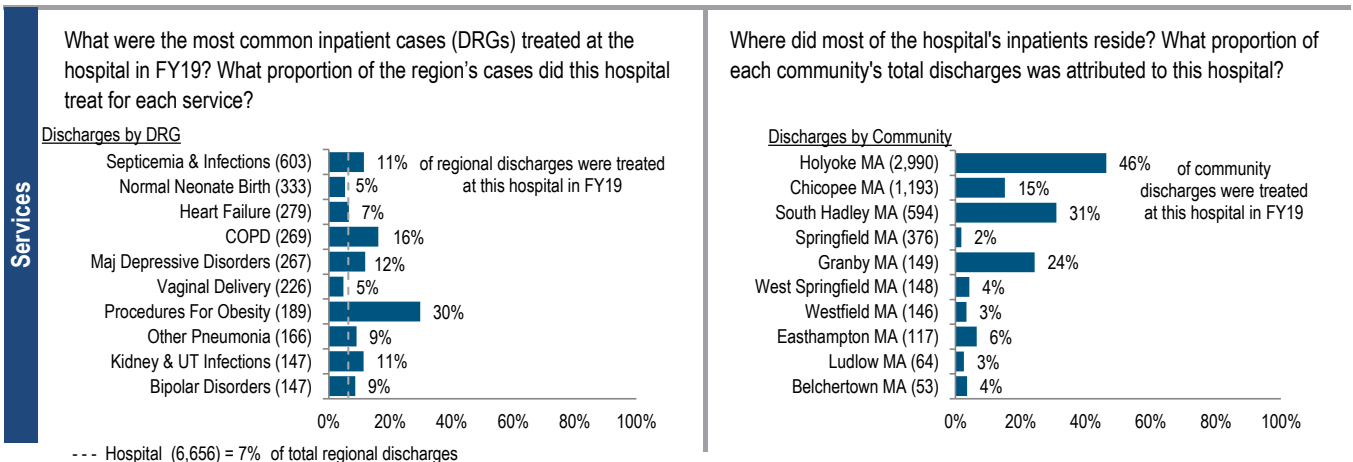
For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

Holyoke Medical Center is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. Between FY15 and FY19, the volume of inpatient discharges at the hospital increased by 16.2% compared to a median decrease of 2.7% at cohort hospitals. Outpatient visits increased 58.9% for the hospital between FY15 and FY19, compared to a median increase of 2.1% for its peer cohort. Holyoke Medical Center reported a profit in each year of the five-year period. In FY19 its total margin of 2.6% was lower than its peer cohort median of 3.3%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Valley Health System
	Hospital System Surplus (Deficit) in FY19:	\$437,940
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	107, mid-size acute hospital
	% Occupancy:	71.0%, > cohort avg. (66%)
	Special Public Funding:	HCI <sup>II</sup> , CHRTF <sup>o</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.92, < cohort avg. (0.96); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$8,825
	Change FY18-FY19:	3.2%
	Inpatient:Outpatient Revenue in FY19:	23%:77%
	Outpatient Revenue in FY19:	\$102,504,883
	Change FY18-FY19:	13.3%
	Total Revenue in FY19:	\$178,865,148
	Total Surplus (Deficit) in FY19:	\$4,693,916
	<b>Payer Mix</b>	
	Public Payer Mix:	77.2% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.77
	Top 3 Commercial Payers:	Blue Cross Blue Shield Health New England BMCHP
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	6,656
	Change FY18-FY19:	-4.7%
	Emergency Department Visits in FY19:	49,773
	Change FY18-FY19:	-1.1%
	Outpatient Visits in FY19:	151,870
	Change FY18-FY19:	12.0%
	<b>Quality</b>	
	Readmission Rate in FY18:	15.8%
	Change FY14-FY18 (percentage points):	2.1
	Early Elective Deliveries Rate:	0.0%



# 2019 HOSPITAL PROFILE: HOLYOKE MEDICAL CENTER

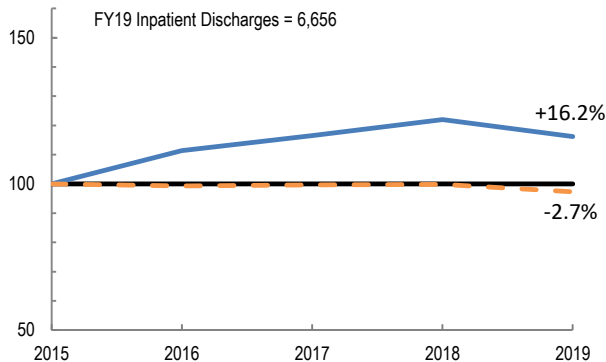
Cohort: Community-High Public Payer Hospital

Key:

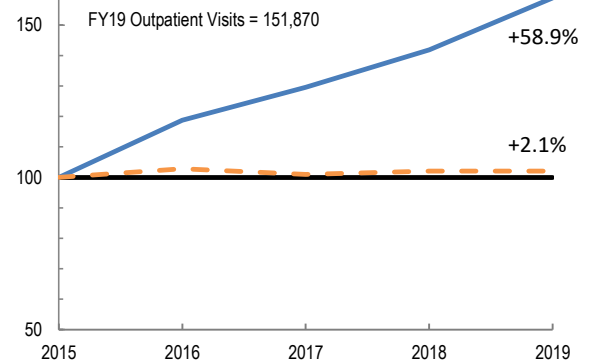


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

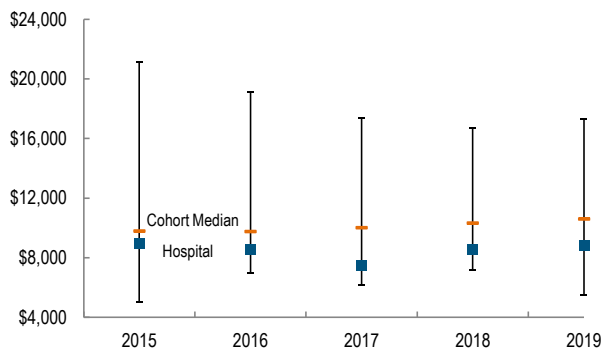


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

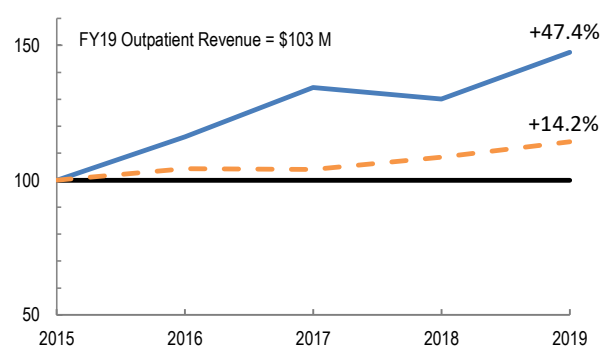


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



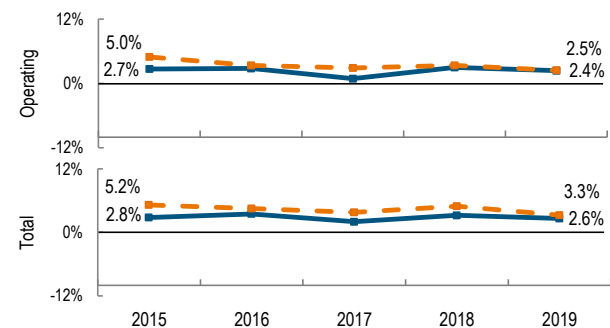
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 127.1	\$ 142.4	\$ 153.2	\$ 167.2	\$ 178.5
<b>Non-Operating Revenue</b>	\$ 0.1	\$ 1.0	\$ 1.6	\$ 0.4	\$ 0.4
<b>Total Revenue</b>	\$ 127.2	\$ 143.4	\$ 154.8	\$ 167.6	\$ 178.9
<b>Total Costs</b>	\$ 123.6	\$ 138.4	\$ 151.8	\$ 162.2	\$ 174.2
<b>Total Profit (Loss)</b>	\$ 3.6	\$ 5.0	\$ 3.0	\$ 5.4	\$ 4.7

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

θ For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

η For more information on Health Care Innovation Investment Program (HCII) special funding, please contact the Health Policy Commission (HPC).

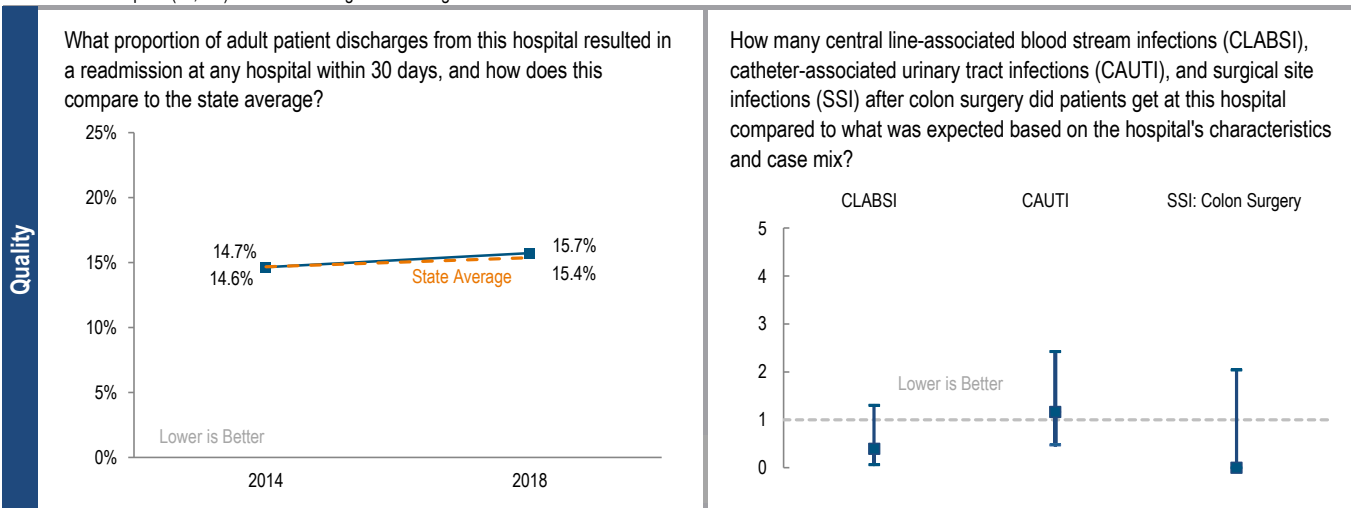
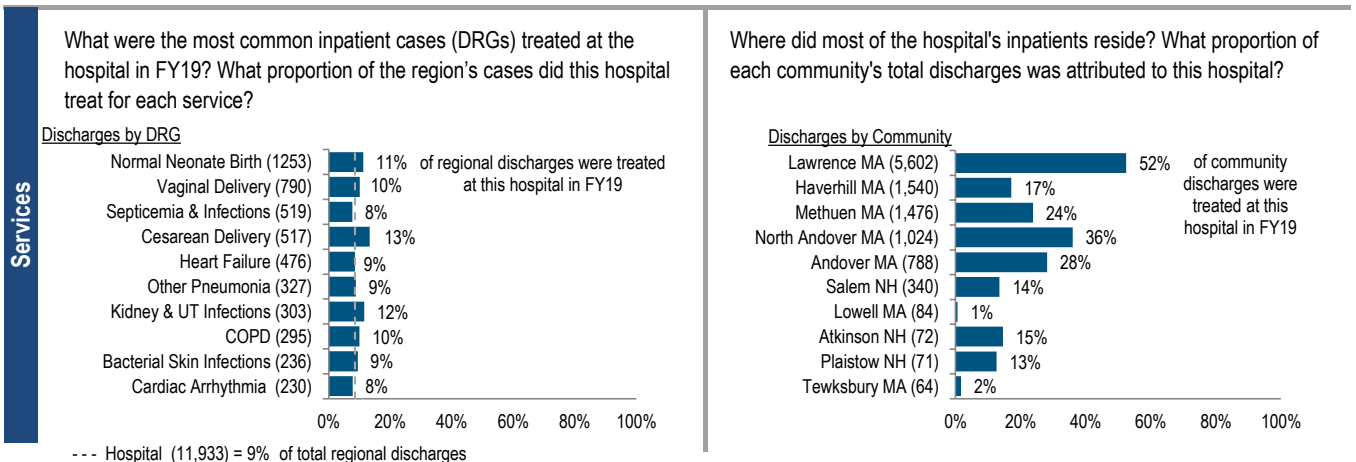
# LAWRENCE GENERAL HOSPITAL

## 2019 Hospital Profile

Lawrence, MA  
Community-High Public Payer Hospital  
Northeastern Massachusetts

Lawrence General Hospital is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. Between FY15 and FY19, the volume of inpatient discharges at the hospital decreased by 2.3% compared to a median decrease of 2.7% at cohort hospitals. Outpatient visits increased by 5.8% for the hospital between FY15 and FY19, compared to a median increase of 2.1% for its peer cohort. After reporting profits in FY16 and FY17, the hospital reported losses of \$0.2M in FY18 and \$5.1M in FY19. Its total margin was -2.0% as compared to the median total margin of 3.3% at peer cohort hospitals.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Lawrence General Hospital and Affiliates
	Hospital System Surplus (Deficit) in FY19:	(\$9,920,000)
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	227, mid-size acute hospital
	% Occupancy:	55.9%, < cohort avg. (66%)
	Special Public Funding:	HCI <sup>II</sup> , CHRTF <sup>o</sup>
	Trauma Center Designation:	Adult: Level 3
	Case Mix Index:	0.92, < cohort avg. (0.96); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$11,573
	Change FY18-FY19:	11.8%
	Inpatient:Outpatient Revenue in FY19:	38%:62%
	Outpatient Revenue in FY19:	\$106,471,549
	Change FY18-FY19:	-4.2%
	Total Revenue in FY19:	\$260,911,000
	Total Surplus (Deficit) in FY19:	-\$5,099,000
	<b>Payer Mix</b>	
	Public Payer Mix:	72.1% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.79
	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim BMCHP
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	11,933
	Change FY18-FY19:	-3.9%
	Emergency Department Visits in FY19:	59,043
	Change FY18-FY19:	19.2%
	Outpatient Visits in FY19:	290,051
	Change FY18-FY19:	7.6%
	<b>Quality</b>	
	Readmission Rate in FY18:	15.7%
	Change FY14-FY18 (percentage points):	1.1
	Early Elective Deliveries Rate:	0.0%



For descriptions of the metrics, please see the technical appendix.

## 2019 HOSPITAL PROFILE: LAWRENCE GENERAL HOSPITAL

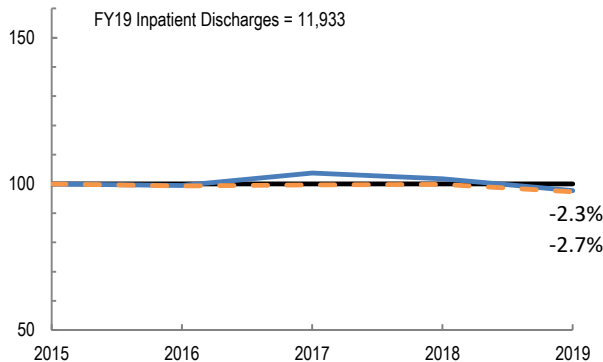
Cohort: Community-High Public Payer Hospital

Key:

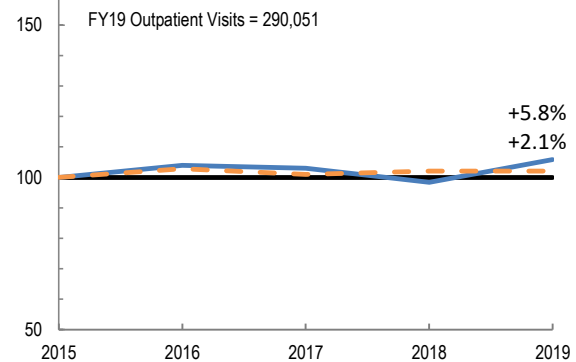


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

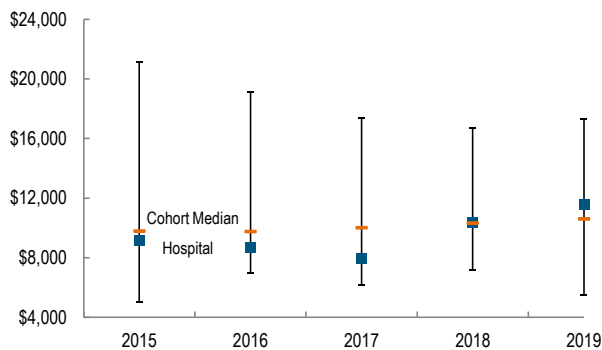


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

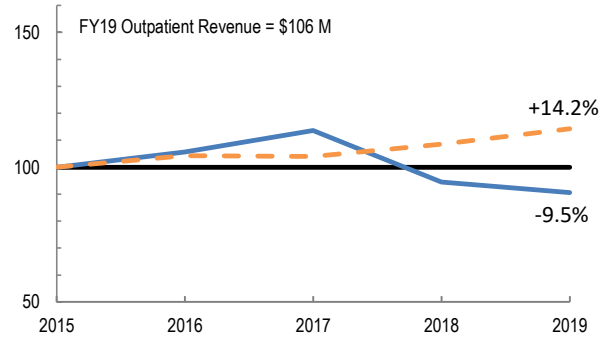


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



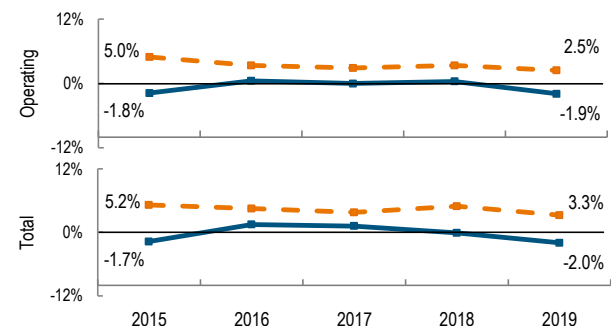
### Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 226.3	\$ 241.4	\$ 247.8	\$ 253.6	\$ 261.1
<b>Non-Operating Revenue</b>	\$ 0.1	\$ 2.3	\$ 3.1	\$ (1.3)	\$ (0.2)
<b>Total Revenue</b>	\$ 226.4	\$ 243.7	\$ 250.9	\$ 252.4	\$ 260.9
<b>Total Costs</b>	\$ 230.4	\$ 240.1	\$ 247.8	\$ 252.5	\$ 266.0
<b>Total Profit (Loss)</b>	\$ (4.0)	\$ 3.6	\$ 3.1	\$ (0.2)	\$ (5.1)

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

θ For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

η For more information on Health Care Innovation Investment Program (HCII) special funding, please contact the Health Policy Commission (HPC).

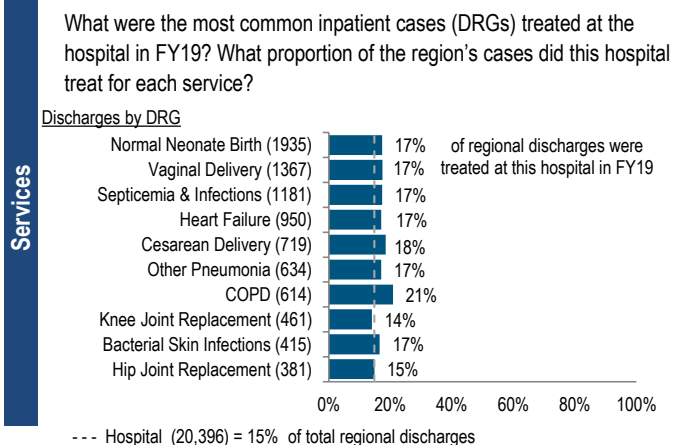
# LOWELL GENERAL HOSPITAL

## 2019 Hospital Profile

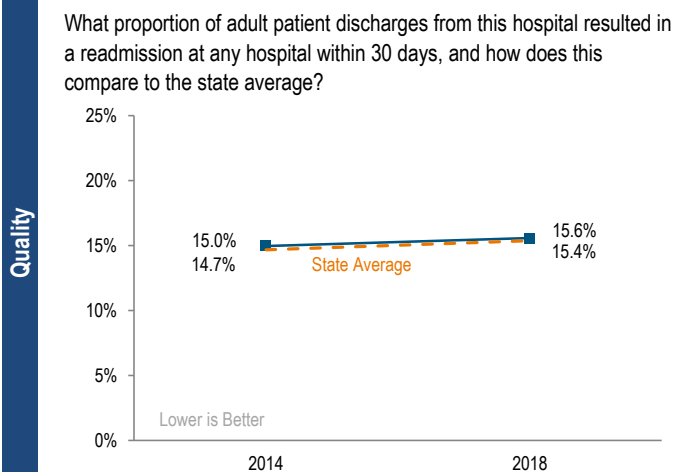
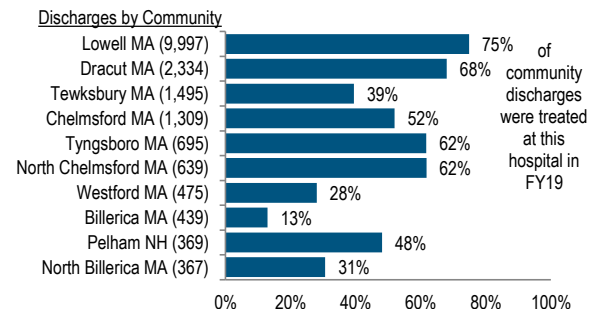
Lowell, MA  
Community-High Public Payer Hospital  
Northeastern Massachusetts

Lowell General Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. It is among the larger acute hospitals in Massachusetts. Lowell General Hospital is a member of Wellforce. Between FY15 and FY19, the volume of inpatient discharges at the hospital decreased by 7.1% compared to a median decrease of 2.7% at cohort hospitals. Outpatient visits decreased by 3.8% for the hospital between FY15 and FY19, compared to a median increase of 2.1% for its peer cohort. Lowell General reported a profit in each year of the five-year period. Its total margin was 3.0% as compared to the median total margin of 3.3% at peer cohort hospitals.

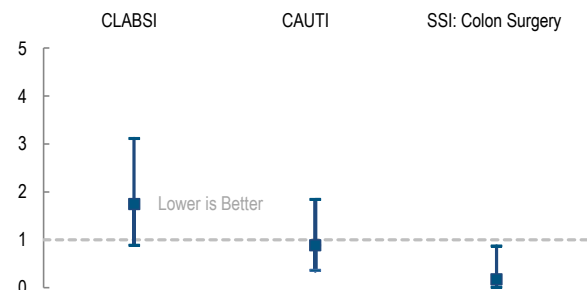
At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Wellforce
	Hospital System Surplus (Deficit) in FY19:	\$129,458,000
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	353, among the larger acute hospitals
	% Occupancy:	63.6%, < cohort avg. (66%)
	Special Public Funding:	HCI <sup>II</sup> , CHRTF <sup>o</sup>
	Trauma Center Designation:	Adult: Level 3
	Case Mix Index:	0.95, < cohort avg. (0.96); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,591
	Change FY18-FY19:	-7.4%
	Inpatient:Outpatient Revenue in FY19:	33%:67%
	Outpatient Revenue in FY19:	\$249,463,397
	Change FY18-FY19:	10.3%
	Total Revenue in FY19:	\$472,854,000
	Total Surplus (Deficit) in FY19:	\$14,087,000
	<b>Payer Mix</b>	
	Public Payer Mix:	65.7% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.83
	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	20,396
	Change FY18-FY19:	-5.5%
	Emergency Department Visits in FY19:	97,257
	Change FY18-FY19:	-2.0%
	Outpatient Visits in FY19:	181,329
	Change FY18-FY19:	-8.7%
	<b>Quality</b>	
	Readmission Rate in FY18:	15.6%
	Change FY14-FY18 (percentage points):	0.6
	Early Elective Deliveries Rate:	2.3%



Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?





## 2019 HOSPITAL PROFILE: LOWELL GENERAL HOSPITAL

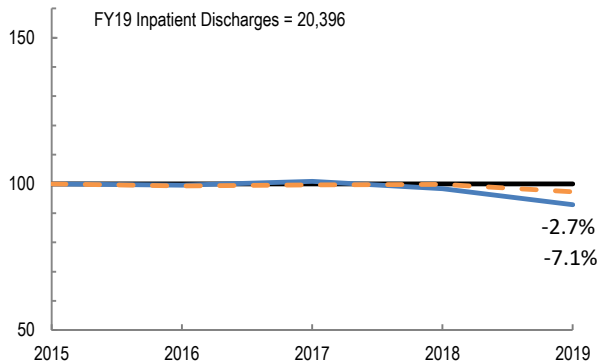
Cohort: Community-High Public Payer Hospital

Key:

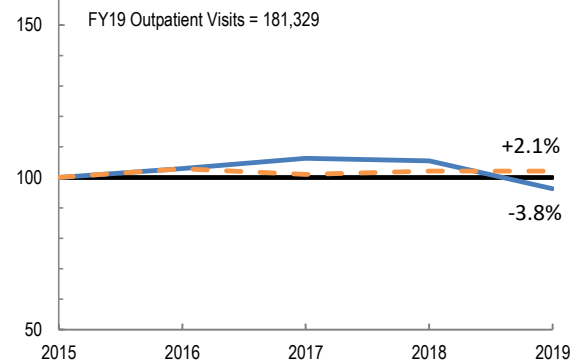
— Hospital  
- - - Peer Cohort

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

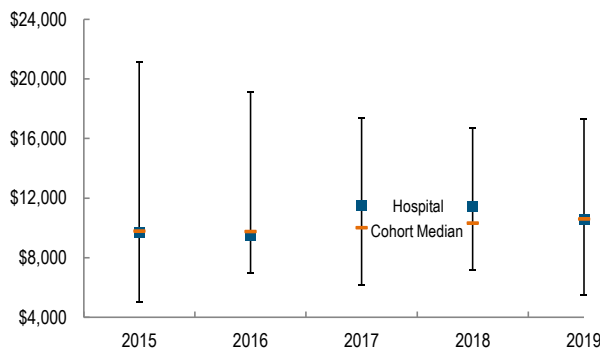


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

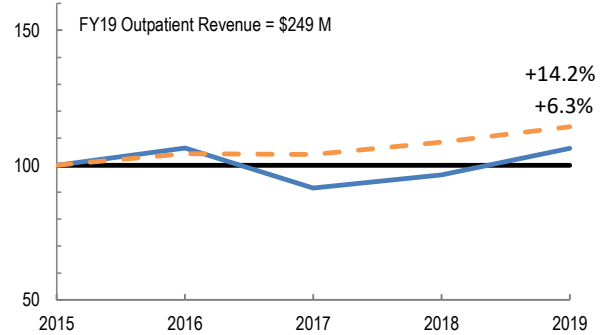


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



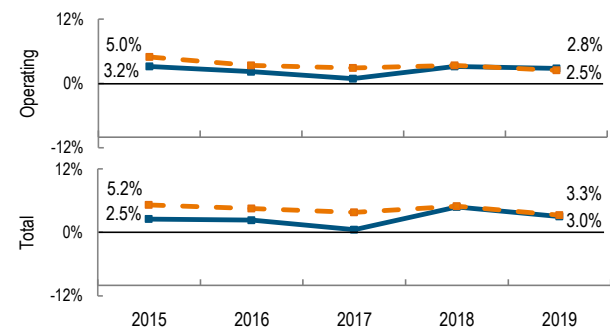
### Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 430.2	\$ 441.4	\$ 451.8	\$ 472.6	\$ 472.0
<b>Non-Operating Revenue</b>	\$ (2.9)	\$ 0.8	\$ (1.8)	\$ 7.7	\$ 0.9
<b>Total Revenue</b>	\$ 427.4	\$ 442.1	\$ 449.9	\$ 480.3	\$ 472.9
<b>Total Costs</b>	\$ 416.7	\$ 431.8	\$ 447.6	\$ 457.1	\$ 458.8
<b>Total Profit (Loss)</b>	\$ 10.7	\$ 10.4	\$ 2.3	\$ 23.2	\$ 14.1

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

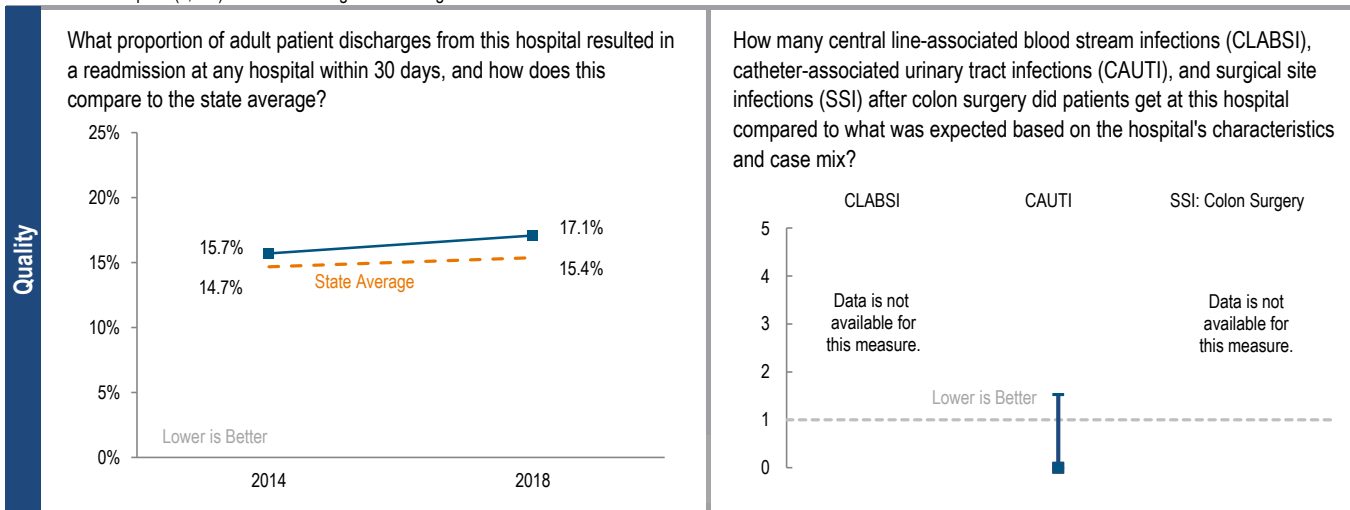
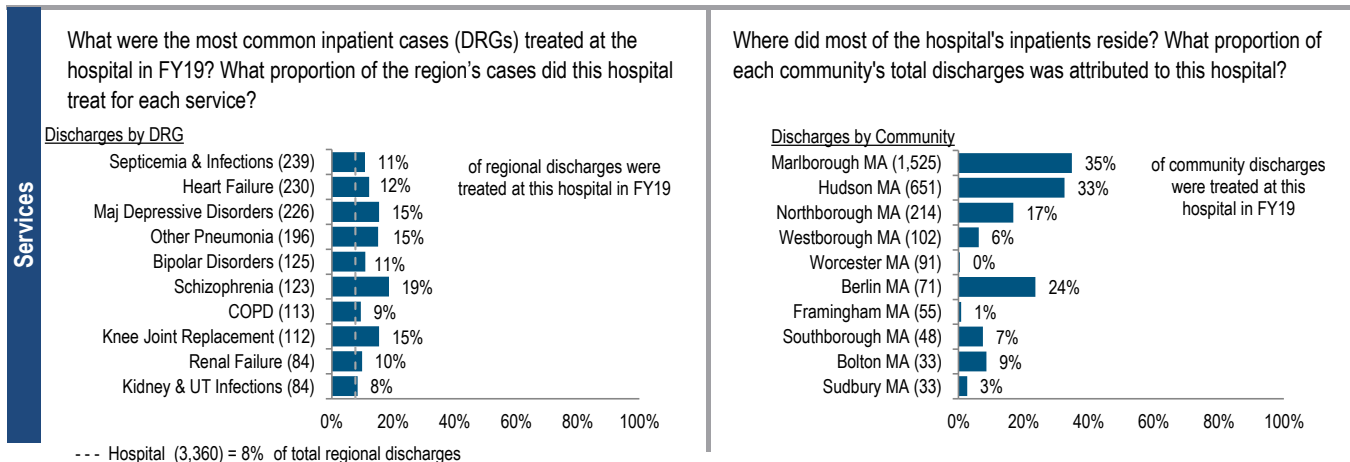
\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

‡ For more information on Health Care Innovation Investment Program (HCII) special funding, please contact the Health Policy Commission (HPC).

Marlborough Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Metro West region. It is among the smaller acute hospitals in Massachusetts and a member of UMass Memorial Health Care. Between FY15 and FY19, the volume of inpatient discharges at the hospital decreased by 13.3% compared to a median decrease of 2.7% at cohort hospitals. Outpatient visits decreased 22.0% for the hospital between FY15 and FY19, compared to a median increase of 2.1% for its peer cohort. Marlborough hospital reported a gain of \$0.3M after reporting a loss of \$0.1M in FY18. Its total margin was 0.3% in FY19 as compared to the median total margin of 3.3% at peer cohort hospitals.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	UMass Memorial Health Care
	Hospital System Surplus (Deficit) in FY19:	\$216,685,000
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	67, among the smaller acute hospitals
	% Occupancy:	67.8%, > cohort avg. (66%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.01, > cohort avg. (0.96); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$5,525
	Change FY18-FY19:	-23.0%
	Inpatient:Outpatient Revenue in FY19:	28%:72%
	Outpatient Revenue in FY19:	\$51,764,198
	Change FY18-FY19:	17.2%
	Total Revenue in FY19:	\$86,292,000
	Total Surplus (Deficit) in FY19:	\$263,000
	<b>Payer Mix</b>	
	Public Payer Mix:	63.6% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.88
	Top 3 Commercial Payers:	Blue Cross Blue Shield Tufts HMO Harvard Pilgrim
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	3,360
	Change FY18-FY19:	-12.7%
	Emergency Department Visits in FY19:	26,991
	Change FY18-FY19:	-0.4%
	Outpatient Visits in FY19:	28,752
	Change FY18-FY19:	-1.2%
	<b>Quality</b>	
	Readmission Rate in FY18:	17.1%
	Change FY14-FY18 (percentage points):	1.4
	Early Elective Deliveries Rate:	Not Applicable



## 2019 HOSPITAL PROFILE: MARLBOROUGH HOSPITAL

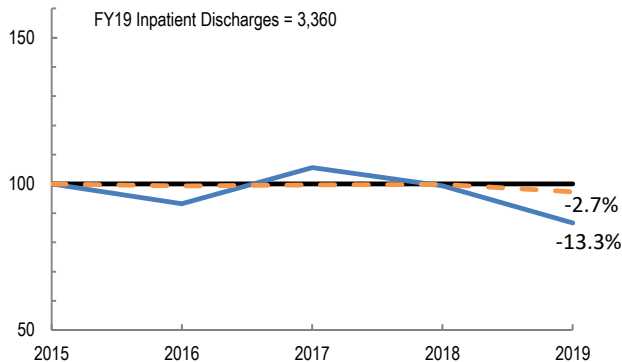
Cohort: Community-High Public Payer Hospital

Key:

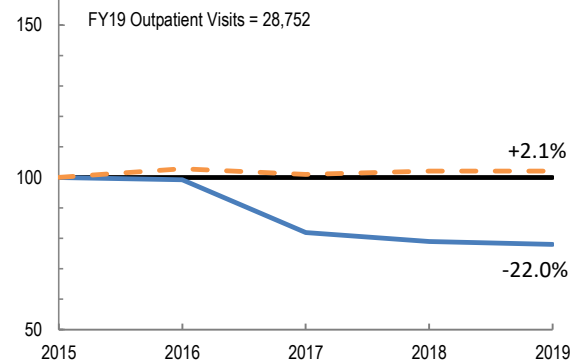


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

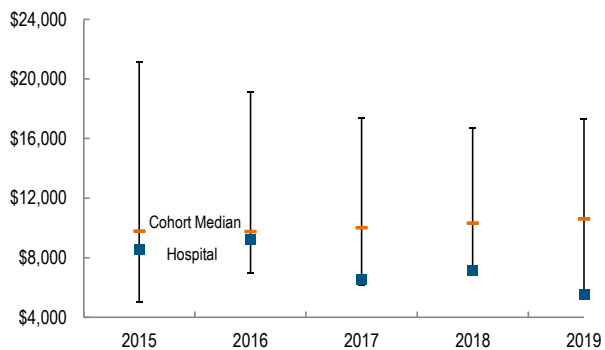


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

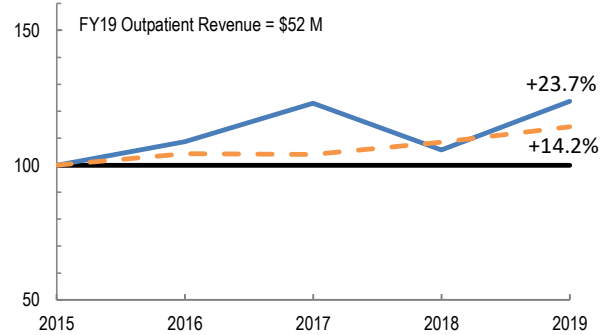


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



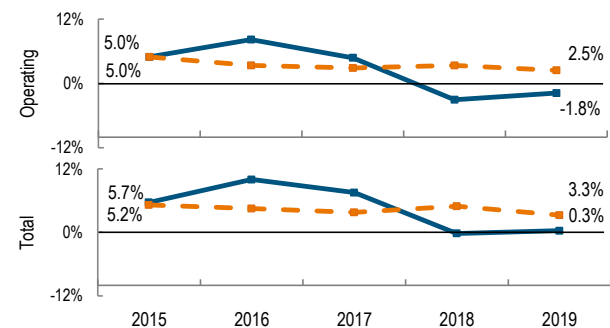
### Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

#### Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 80.7	\$ 87.2	\$ 87.1	\$ 82.1	\$ 84.4
<b>Non-Operating Revenue</b>	\$ 0.6	\$ 1.6	\$ 2.4	\$ 2.4	\$ 1.8
<b>Total Revenue</b>	\$ 81.3	\$ 88.9	\$ 89.4	\$ 84.5	\$ 86.3
<b>Total Costs</b>	\$ 76.7	\$ 80.0	\$ 82.8	\$ 84.6	\$ 86.0
<b>Total Profit (Loss)</b>	\$ 4.6	\$ 8.9	\$ 6.7	\$ (0.1)	\$ 0.3

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



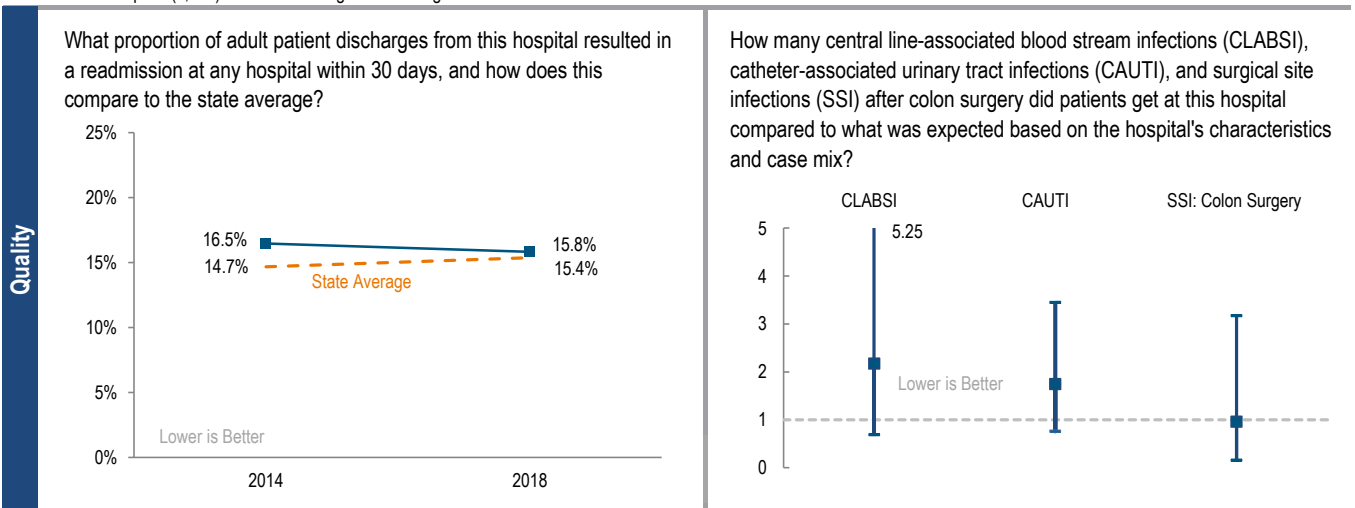
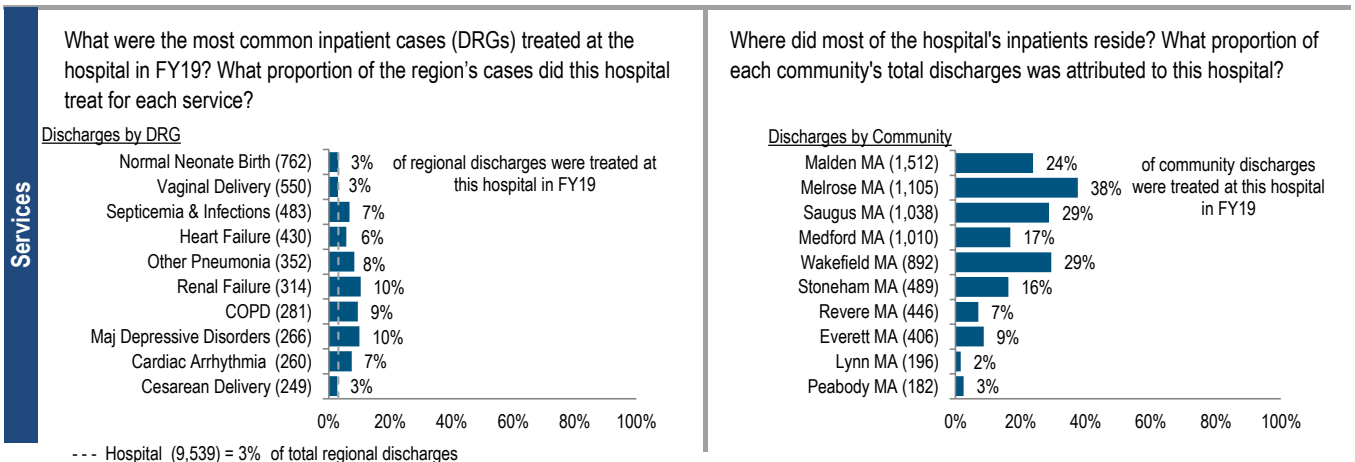
For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

Melrose Wakefield Healthcare, which includes Lawrence Memorial Hospital and Melrose Wakefield Hospital campuses, is a mid-size, non-profit community High Public Payer (HPP) hospital located in the Metro Boston region. Between FY15 and FY19, the volume of inpatient discharges at the hospital decreased by 18.7% compared to a median decrease of 2.7% at cohort hospitals. Outpatient visits decreased 21.8% for the hospital between FY15 and FY19, compared to a median increase of 2.1% for its peer cohort. Melrose Wakefield Healthcare reported a profit of \$20.6M in FY19 and a total margin of 8.2%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Wellforce
	Hospital System Surplus (Deficit) in FY19:	\$129,458,000
	Change in Ownership (FY15-19):	Wellforce - 2017
	Total Staffed Beds:	183, mid-size acute hospital
	% Occupancy:	72.0%, > cohort avg. (66%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.93, < cohort avg. (0.96); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$11,243
	Change FY18-FY19:	-1.2%
	Inpatient:Outpatient Revenue in FY19:	30%:70%
	Outpatient Revenue in FY19:	\$123,721,364
	Change FY18-FY19:	-2.5%
	Total Revenue in FY19:	\$251,179,000
	Total Surplus (Deficit) in FY19:	\$20,592,000
	<b>Payer Mix</b>	
	Public Payer Mix:	63.2% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.91
	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	9,539
	Change FY18-FY19:	-2.4%
	Emergency Department Visits in FY19:	38,685
	Change FY18-FY19:	-12.6%
	Outpatient Visits in FY19:	425,428
	Change FY18-FY19:	-5.6%
	<b>Quality</b>	
	Readmission Rate in FY18:	15.8%
	Change FY14-FY18 (percentage points):	-0.7
	Early Elective Deliveries Rate:	0.0%



# 2019 HOSPITAL PROFILE: MELROSE WAKEFIELD HEALTHCARE

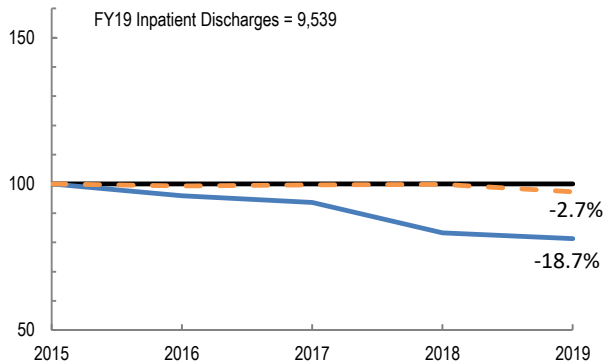
Cohort: Community-High Public Payer Hospital

Key:

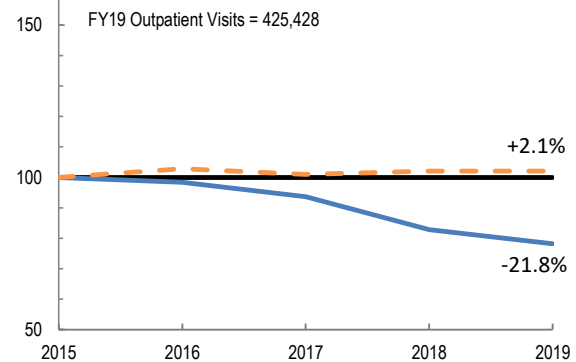
— Hospital  
- - - Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

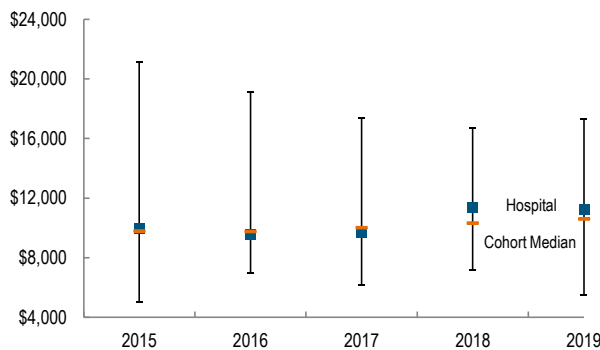


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

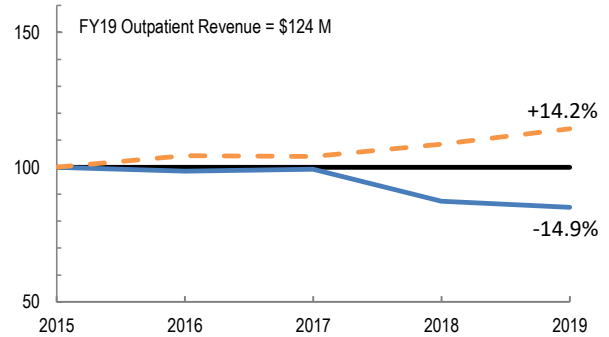


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



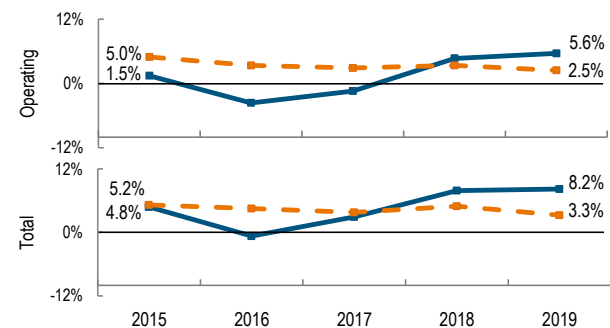
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 262.4	\$ 257.7	\$ 261.2	\$ 245.4	\$ 244.7
<b>Non-Operating Revenue</b>	\$ 9.0	\$ 7.7	\$ 11.6	\$ 8.2	\$ 6.5
<b>Total Revenue</b>	\$ 271.4	\$ 265.4	\$ 272.8	\$ 253.6	\$ 251.2
<b>Total Costs</b>	\$ 258.4	\$ 267.3	\$ 265.0	\$ 233.5	\$ 230.6
<b>Total Profit (Loss)</b>	\$ 13.0	\$ (1.9)	\$ 7.9	\$ 20.1	\$ 20.6

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



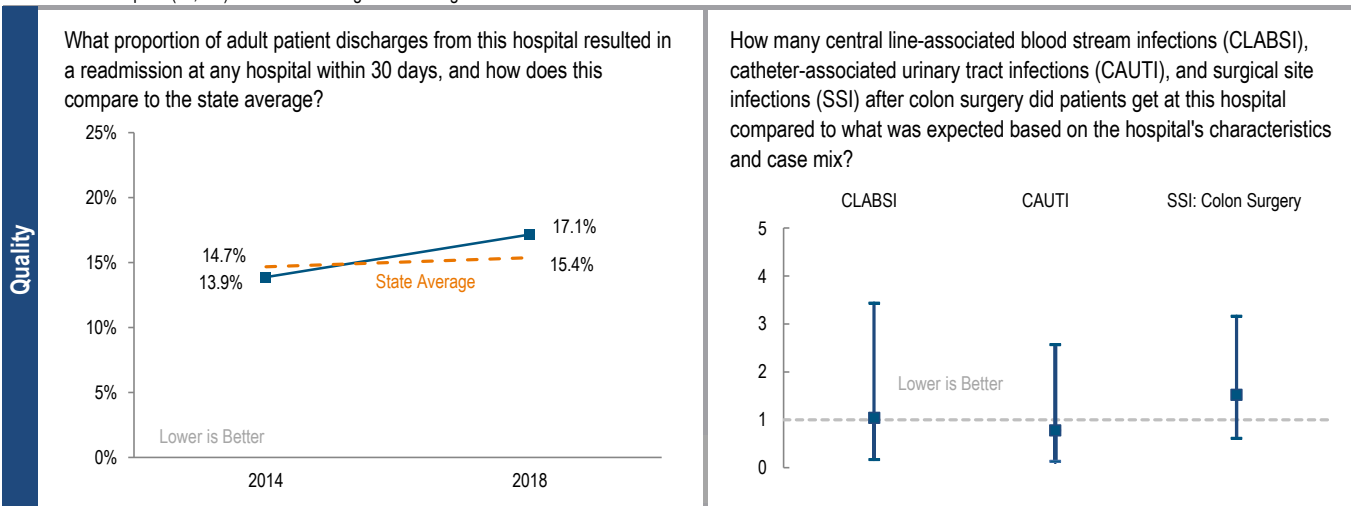
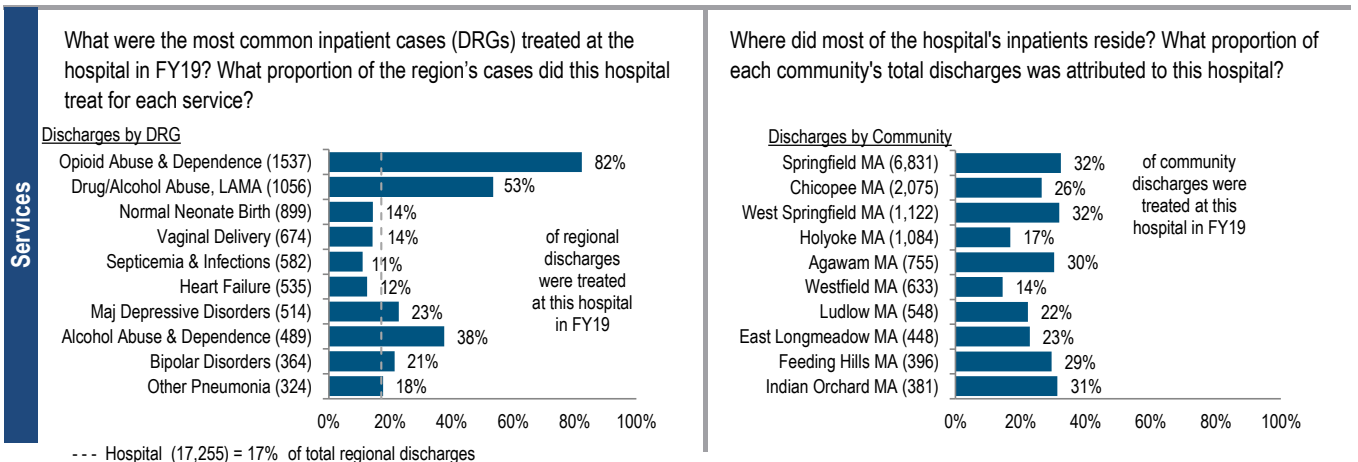
For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

Mercy Medical Center is a large, non-profit community-High Public Payer (HPP) hospital located in the Western Massachusetts region. Between FY15 and FY19, the volume of inpatient discharges at the hospital increased by 9.3% compared to a median decrease of 2.7% at cohort hospitals. Outpatient visits increased by 2.1% for the hospital between FY15 and FY19, matching the median increase for its peer cohort. The hospital reported losses of \$12.6M in FY18 and \$13.3M FY19. Its FY19 total margin was -4.2% compared to a median total margin of 3.3% at peer cohort hospitals.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Trinity Health
	Hospital System Surplus (Deficit) in FY19:	\$785,971,205
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	395, 10th largest acute hospital
	% Occupancy:	53.5%, < cohort avg. (66%)
	Special Public Funding:	HCI <sup>II</sup> , CHRTF <sup>o</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.94, < cohort avg. (0.96); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$9,703
	Change FY18-FY19:	-0.3%
	Inpatient:Outpatient Revenue in FY19:	44%:56%
	Outpatient Revenue in FY19:	\$143,541,267
	Change FY18-FY19:	6.2%
	Total Revenue in FY19:	\$318,208,849
	Total Surplus (Deficit) in FY19:	-\$13,312,791
	<b>Payer Mix</b>	
	Public Payer Mix:	77.2% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.79
	Top 3 Commercial Payers:	Health New England Blue Cross Blue Shield Cigna East
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	17,255
	Change FY18-FY19:	2.4%
	Emergency Department Visits in FY19:	67,154
	Change FY18-FY19:	-3.1%
	Outpatient Visits in FY19:	217,586
	Change FY18-FY19:	-4.2%
	<b>Quality</b>	
	Readmission Rate in FY18:	17.1%
	Change FY14-FY18 (percentage points):	3.3
	Early Elective Deliveries Rate:	0.0%



# 2019 HOSPITAL PROFILE: MERCY MEDICAL CENTER

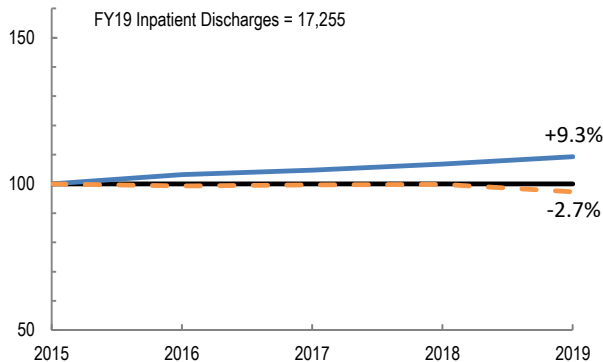
Cohort: Community-High Public Payer Hospital

Key:

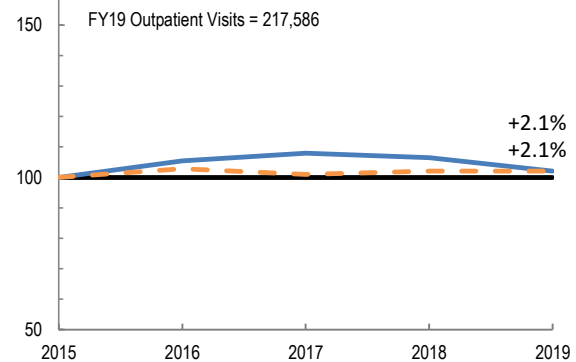


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

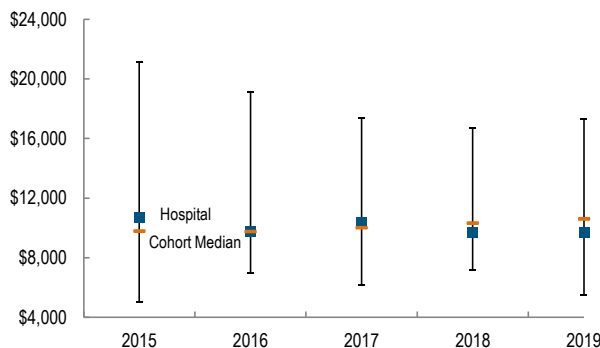


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

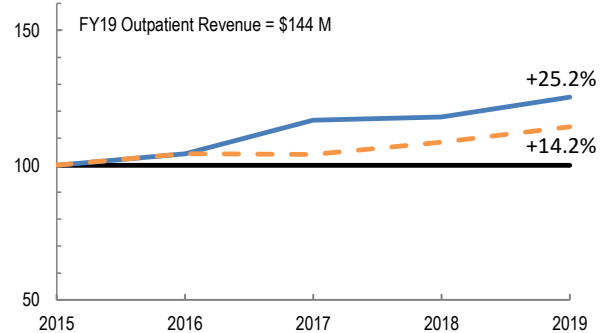


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



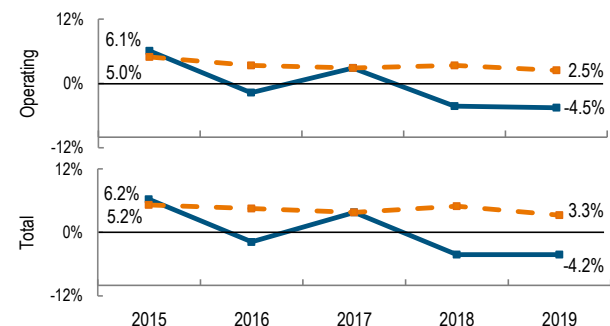
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 272.8	\$ 264.4	\$ 295.1	\$ 300.1	\$ 317.1
<b>Non-Operating Revenue</b>	\$ 0.3	\$ (0.3)	\$ 2.7	\$ 0.1	\$ 1.1
<b>Total Revenue</b>	\$ 273.1	\$ 264.1	\$ 297.8	\$ 300.2	\$ 318.2
<b>Total Costs</b>	\$ 256.0	\$ 268.9	\$ 286.5	\$ 312.8	\$ 331.5
<b>Total Profit (Loss)</b>	\$ 17.0	\$ (4.8)	\$ 11.3	\$ (12.6)	\$ (13.3)

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

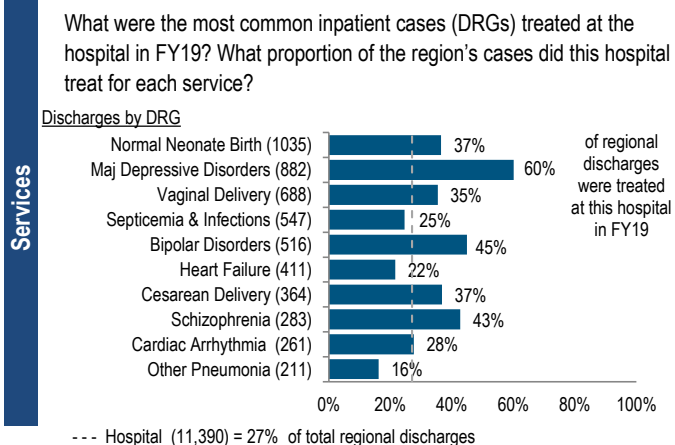
θ For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

η For more information on Health Care Innovation Investment Program (HCII) special funding, please contact the Health Policy Commission (HPC).

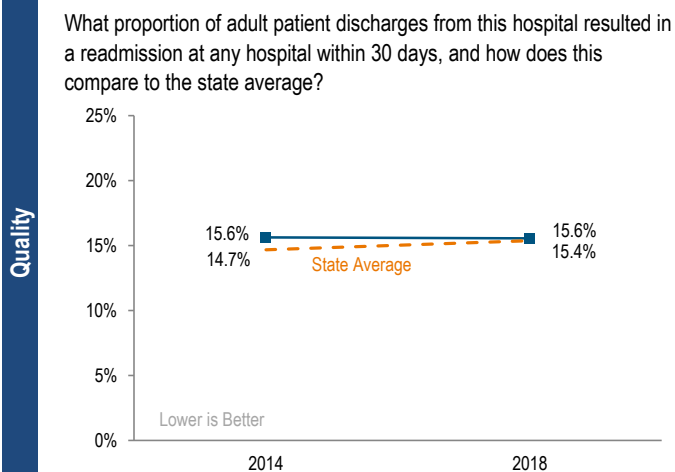
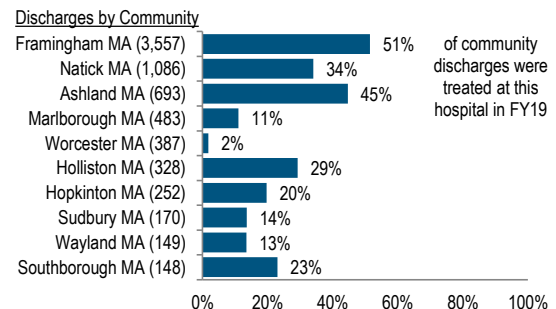


MetroWest Medical Center is a for-profit community-High Public Payer (HPP) hospital located in the Metro West region. It is among the larger acute hospitals in Massachusetts and it is a member of Tenet Healthcare. Between FY15 and FY19, the volume of inpatient discharges at the hospital decreased by 8.9% compared to a median decrease of 2.7% at cohort hospitals. Outpatient visits decreased 37.8% for the hospital between FY15 and FY19, compared to a median increase of 2.1% for its peer cohort. The hospital reported profits of \$4.8M in FY18 and \$7.0M in FY19 after reporting a loss in FY17. Its FY19 total margin was 2.6% compared to a median total margin of 3.3% at peer cohort hospitals.

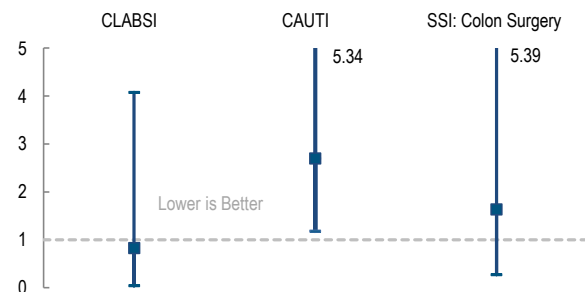
At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Tenet Healthcare
	Hospital System Surplus (Deficit) in FY19:	(\$232,000,000)
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	332, among the larger acute hospitals
	% Occupancy:	46.4%, < cohort avg. (66%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.99, > cohort avg. (0.96); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,478
	Change FY18-FY19:	3.6%
	Inpatient:Outpatient Revenue in FY19:	34%:66%
	Outpatient Revenue in FY19:	\$131,610,993
	Change FY18-FY19:	2.4%
	Total Revenue in FY19:	\$268,113,478
	Total Surplus (Deficit) in FY19:	\$7,002,145
	<b>Payer Mix</b>	
	Public Payer Mix:	66.0% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.95
	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	11,390
	Change FY18-FY19:	1.7%
	Emergency Department Visits in FY19:	50,372
	Change FY18-FY19:	-4.5%
	Outpatient Visits in FY19:	276,897
	Change FY18-FY19:	-34.0%
	<b>Quality</b>	
	Readmission Rate in FY18:	15.6%
	Change FY14-FY18 (percentage points):	-0.1
	Early Elective Deliveries Rate:	Not Available



Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



# 2019 HOSPITAL PROFILE: METROWEST MEDICAL CENTER

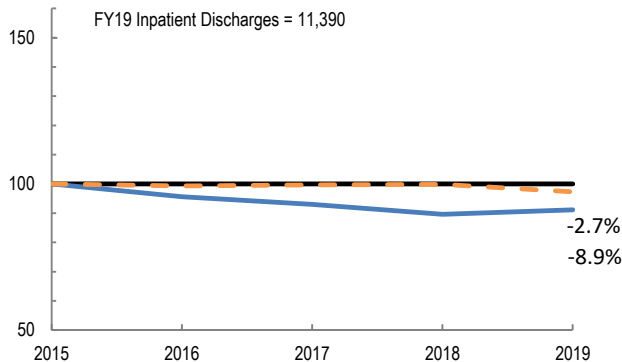
Cohort: Community-High Public Payer Hospital

Key:

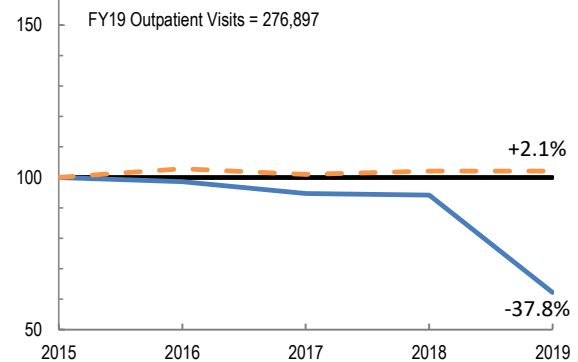
— Hospital  
- - - Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

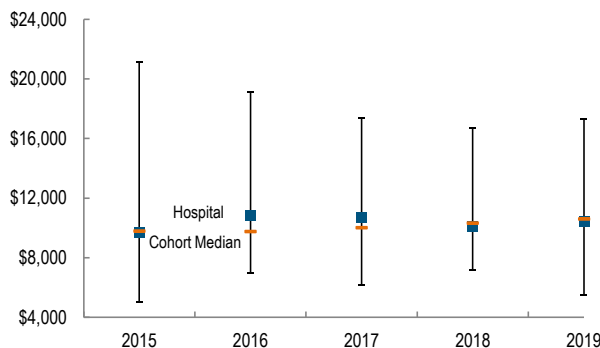


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

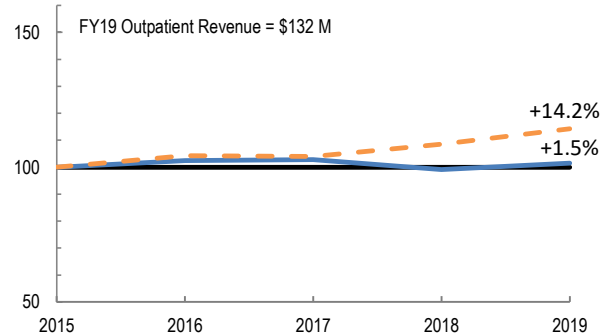


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



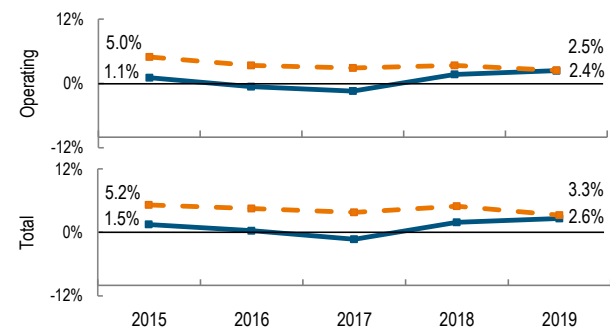
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 258.2	\$ 247.6	\$ 241.3	\$ 253.9	\$ 267.5
<b>Non-Operating Revenue</b>	\$ 1.0	\$ 2.2	\$ 0.4	\$ 0.5	\$ 0.6
<b>Total Revenue</b>	\$ 259.2	\$ 249.8	\$ 241.7	\$ 254.4	\$ 268.1
<b>Total Costs</b>	\$ 255.4	\$ 249.0	\$ 244.7	\$ 249.6	\$ 261.1
<b>Total Profit (Loss)</b>	\$ 3.9	\$ 0.8	\$ (3.0)	\$ 4.8	\$ 7.0

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

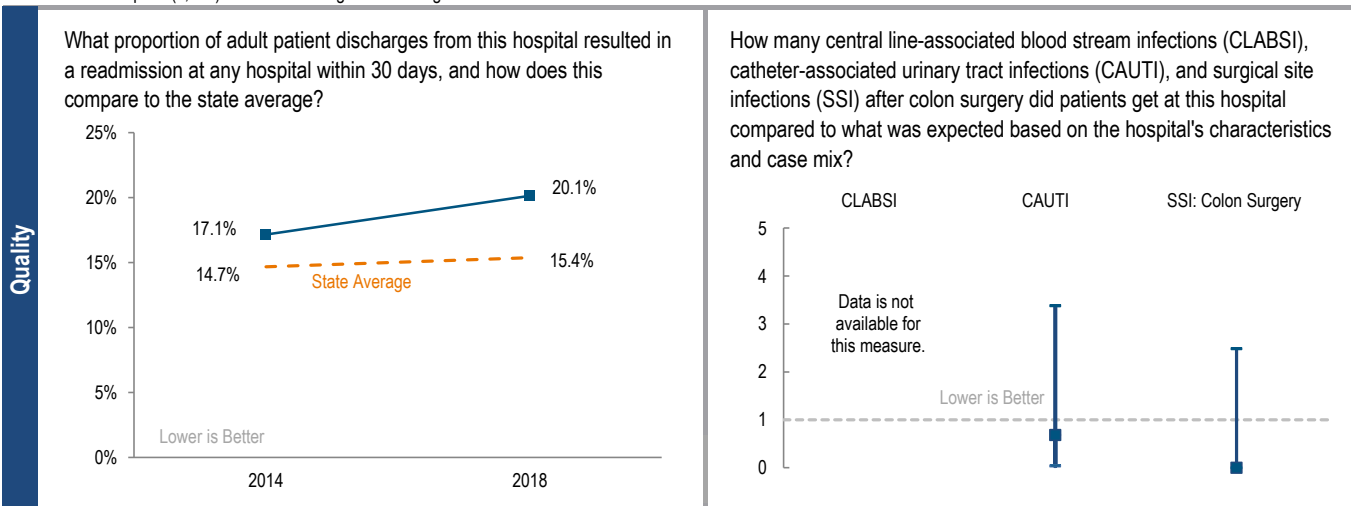
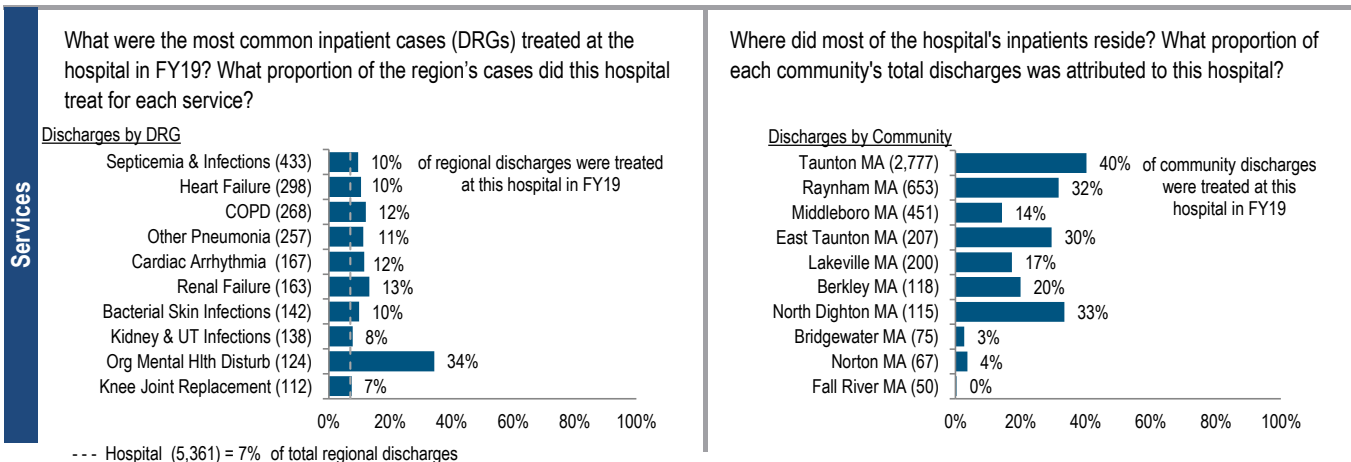
# MORTON HOSPITAL, A STEWARD FAMILY HOSPITAL

## 2019 Hospital Profile

Taunton, MA  
Community-High Public Payer Hospital  
Metro South

Morton Hospital, A Steward Family Hospital is a small, for-profit community-High Public Payer Hospital (HPP) located in the Metro South region. Morton Hospital is a member of Steward Health Care. Between FY15 and FY19, the volume of inpatient discharges at the hospital decreased by 7.4% compared to a median decrease of 2.7% at cohort hospitals. Outpatient visits decreased 0.8% for the hospital between FY15 and FY19, compared to a median increase of 2.1% for its peer cohort. Morton Hospital reported a profit of \$3.1M in FY19 after reporting losses in FY17 and FY18. Its FY19 total margin was 2.5%, compared to its peer cohort median of 3.3%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Steward Health Care
	Hospital System Surplus (Deficit) in FY19:	Steward Failed to Submit
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	95, among the smaller acute hospitals
	% Occupancy:	74.9%, > cohort avg. (66%)
	Special Public Funding:	HCI <sup>II</sup> , CHRTF <sup>o</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.05, > cohort avg. (0.96); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,187
	Change FY18-FY19:	0.5%
	Inpatient:Outpatient Revenue in FY19:	35%:65%
	Outpatient Revenue in FY19:	\$64,240,471
	Change FY18-FY19:	14.1%
	Total Revenue in FY19:	\$124,053,748
	Total Surplus (Deficit) in FY19:	\$3,144,744
	<b>Payer Mix</b>	
	Public Payer Mix:	72.7% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.84
	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	5,361
	Change FY18-FY19:	-4.8%
	Emergency Department Visits in FY19:	46,109
	Change FY18-FY19:	-3.9%
	Outpatient Visits in FY19:	60,225
	Change FY18-FY19:	4.8%
	<b>Quality</b>	
	Readmission Rate in FY18:	20.1%
	Change FY14-FY18 (percentage points):	3.0
	Early Elective Deliveries Rate:	Not Applicable



For descriptions of the metrics, please see the technical appendix.

# 2019 HOSPITAL PROFILE: MORTON HOSPITAL, A STEWARD FAMILY HOSPITAL

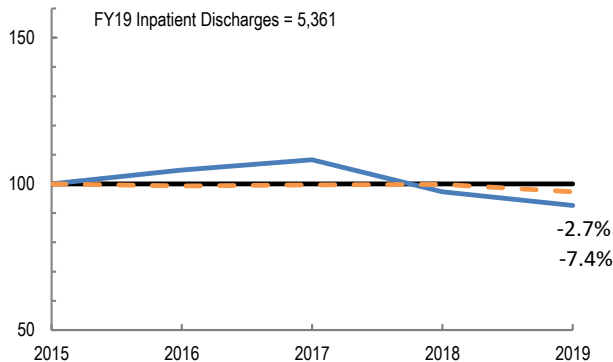
Cohort: Community-High Public Payer Hospital

Key:

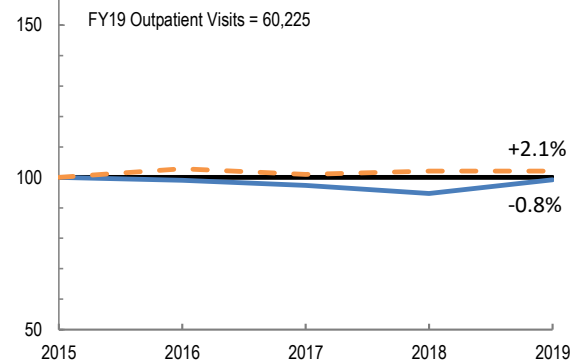


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

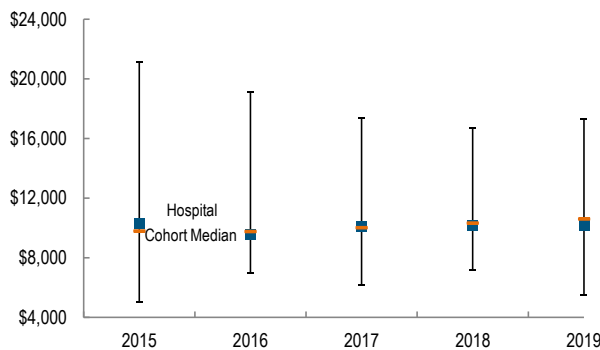


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

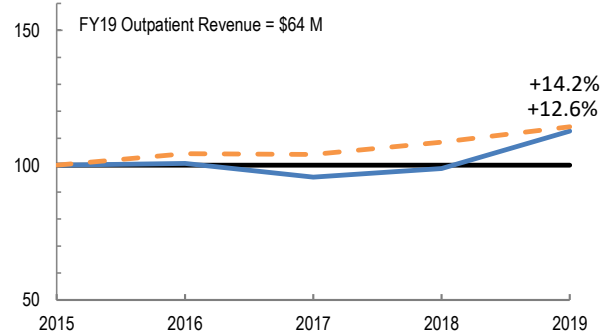


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



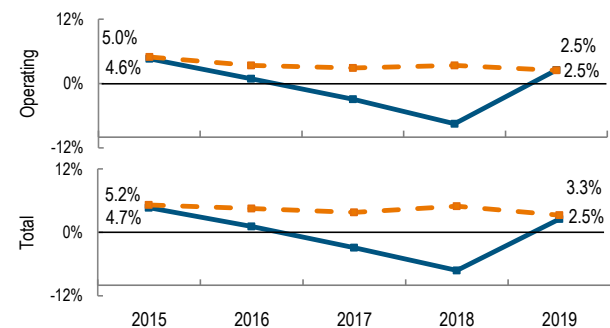
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19#?

Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 116.1	\$ 118.0	\$ 119.4	\$ 119.0	\$ 124.1
<b>Non-Operating Revenue</b>	\$ 0.0	\$ 0.2	\$ 0.0	\$ 0.3	\$ 0.0
<b>Total Revenue</b>	\$ 116.1	\$ 118.2	\$ 119.4	\$ 119.4	\$ 124.1
<b>Total Costs</b>	\$ 110.7	\$ 116.9	\$ 122.9	\$ 127.9	\$ 120.9
<b>Total Profit (Loss)</b>	\$ 5.4	\$ 1.3	\$ (3.4)	\$ (8.6)	\$ 3.1

What were the hospital's total margin and operating margins between FY15 and FY19#, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

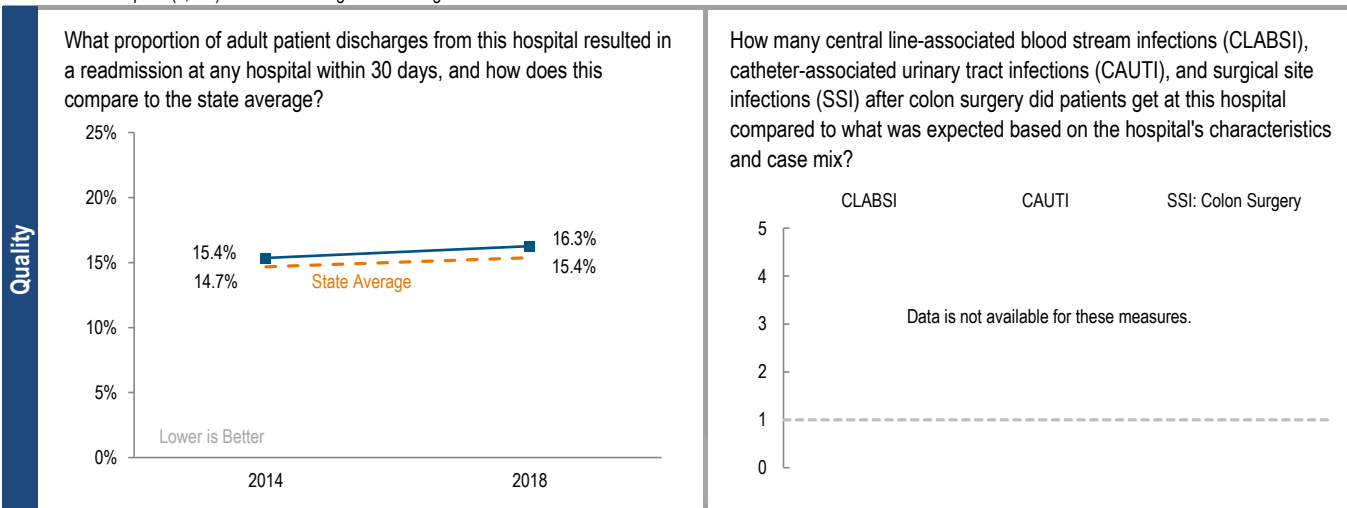
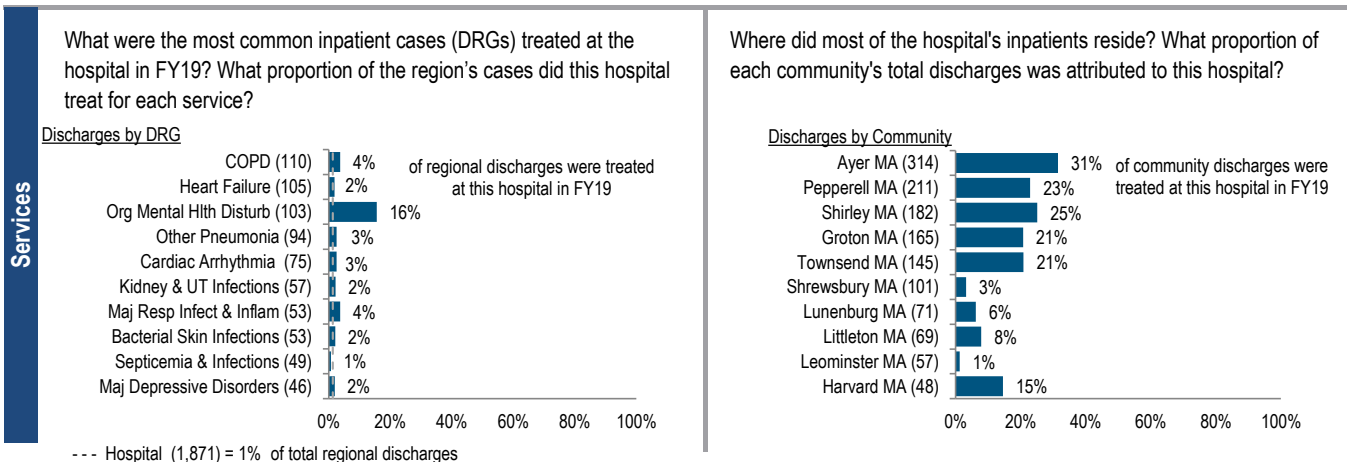
‡ For more information on Health Care Innovation Investment Program (HCII) special funding, please contact the Health Policy Commission (HPC).

# The fiscal year 2019 financial performance data shown is sourced from standardized financial statement data submitted by Steward Health Care in September 2020. This data has not been verified by CHIA because audited financial statements and consolidating schedules were not provided by the hospital as required by regulation.

## 2019 Hospital Profile

Nashoba Valley Medical Center, A Steward Family Hospital is a small, for-profit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. It is a member of Steward Health Care. Between FY15 and FY19, the volume of inpatient discharges at the hospital decreased by 6.4% compared to a median decrease of 2.7%. Outpatient visits increased 2.1% for the hospital between FY15 and FY19, matching the median increase for its peer cohort. The hospital reported a loss for the third year in the row in FY19, losing \$0.6M and reporting a total margin of -1.0%, compared to its peer cohort median of 3.3%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Steward Health Care System
	Hospital System Surplus (Deficit) in FY19:	Steward Failed to Submit
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	39, among the smaller acute hospitals
	% Occupancy:	79.8%, > cohort avg. (66%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.92, < cohort avg. (0.96); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$11,346
	Change FY18-FY19:	1.6%
	Inpatient:Outpatient Revenue in FY19:	26%:74%
	Outpatient Revenue in FY19:	\$37,457,953
	Change FY18-FY19:	5.5%
	Total Revenue in FY19:	\$58,098,334
	Total Surplus (Deficit) in FY19:	-\$556,907
	<b>Payer Mix</b>	
	Public Payer Mix:	66.4% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.87
	Top 3 Commercial Payers:	Blue Cross Blue Shield Tufts HMO Harvard Pilgrim
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	1,871
	Change FY18-FY19:	-7.0%
	Emergency Department Visits in FY19:	14,279
	Change FY18-FY19:	-1.6%
	Outpatient Visits in FY19:	48,957
	Change FY18-FY19:	-5.2%
	<b>Quality</b>	
	Readmission Rate in FY18:	16.3%
	Change FY14-FY18 (percentage points):	0.9
	Early Elective Deliveries Rate:	Not Applicable

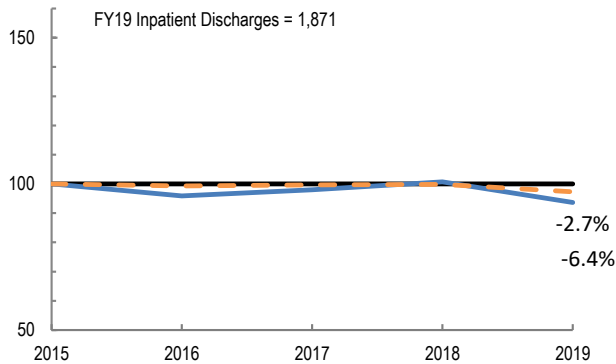


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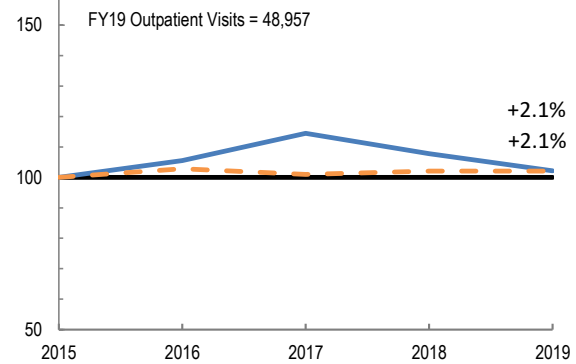
Hospital  
Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

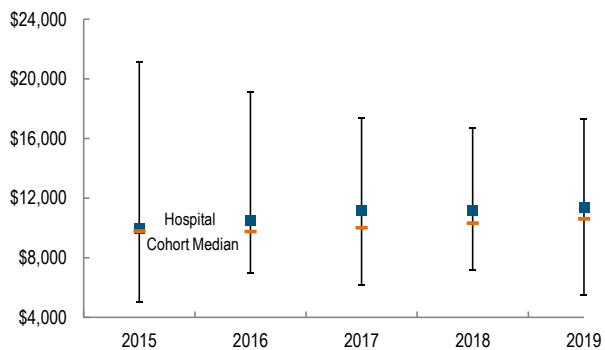


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

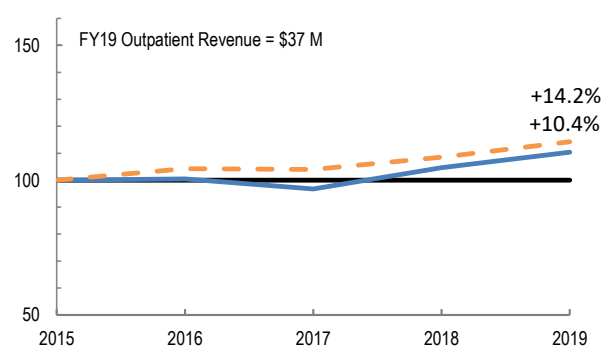


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



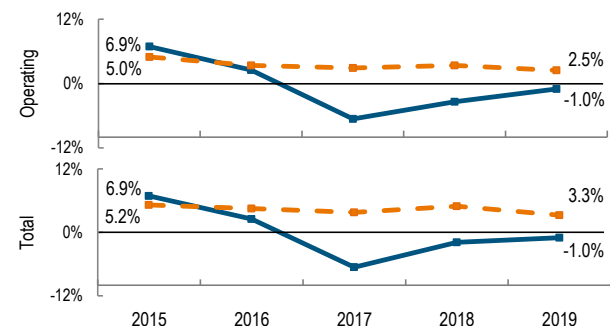
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19#?

Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
Operating Revenue	\$ 51.9	\$ 53.2	\$ 54.7	\$ 57.7	\$ 58.1
Non-Operating Revenue	\$ 0.0	\$ (0.0)	\$ 0.0	\$ 0.9	\$ 0.0
Total Revenue	\$ 51.9	\$ 53.2	\$ 54.7	\$ 58.6	\$ 58.1
Total Costs	\$ 48.3	\$ 51.9	\$ 58.3	\$ 59.7	\$ 58.7
Total Profit (Loss)	\$ 3.6	\$ 1.3	\$ (3.6)	\$ (1.1)	\$ (0.6)

What were the hospital's total margin and operating margins between FY15 and FY19#, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

# The fiscal year 2019 financial performance data shown is sourced from standardized financial statement data submitted by Steward Health Care in September 2020. This data has not been verified by CHIA because audited financial statements and consolidating schedules were not provided by the hospital as required by regulation.

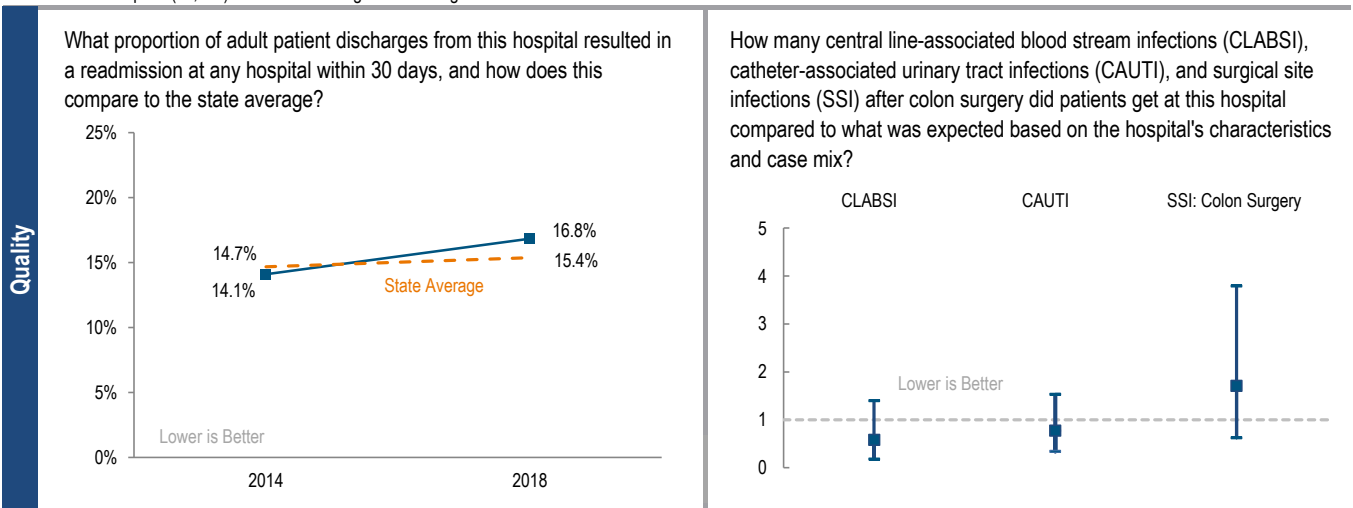
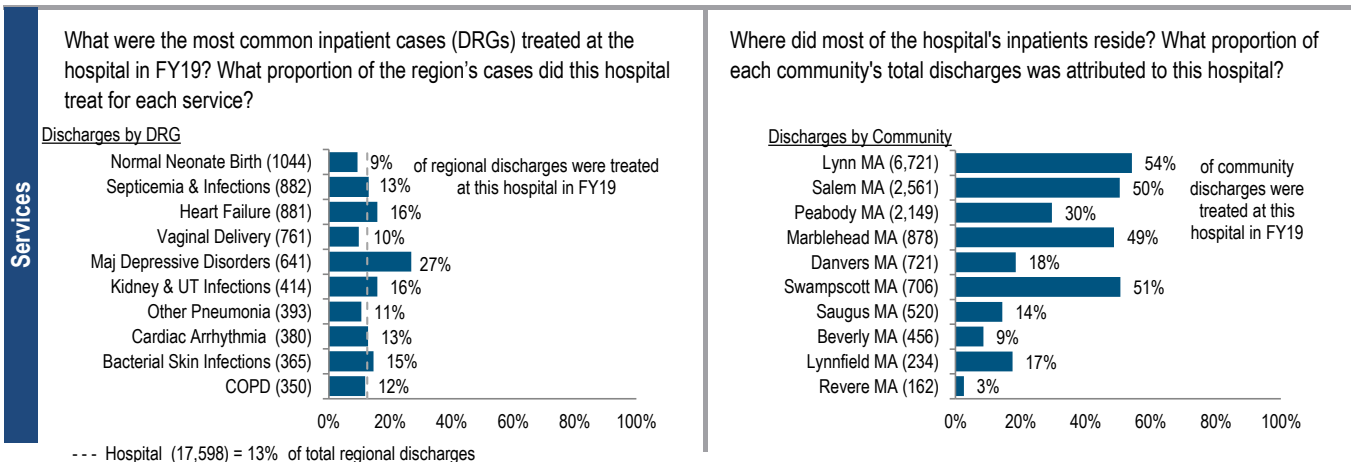
# NORTH SHORE MEDICAL CENTER

## 2019 Hospital Profile

Salem & Lynn, MA  
Community-High Public Payer Hospital  
Northeastern Massachusetts

North Shore Medical Center is a large, non-profit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. It is a member of Partners Health Care. Between FY15 and FY19, the volume of inpatient discharges at the hospital decreased by 7.7% compared to a median decrease of 2.7% at cohort hospitals. Outpatient visits increased by 0.5% for the hospital between FY15 and FY19, compared to a median increase of 2.1% for its peer cohort. North Shore Medical Center experienced a loss in each year included in this time period (FY15 - FY19). In FY19, the hospital had a total margin of -0.6% compared to the median of its peer cohort of 3.3%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Partners Health Care
	Hospital System Surplus (Deficit) in FY19:	\$486,164,000
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	387, among the larger acute hospitals
	% Occupancy:	61.3%, < cohort avg. (66%)
	Special Public Funding:	HCI <sup>II</sup> , CHRTF <sup>o</sup>
	Trauma Center Designation:	Adult: Level 3
	Case Mix Index:	1.01, > cohort avg. (0.96); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$12,253
	Change FY18-FY19:	6.5%
	Inpatient:Outpatient Revenue in FY19:	35%:65%
	Outpatient Revenue in FY19:	\$212,990,123
	Change FY18-FY19:	4.2%
	Total Revenue in FY19:	\$456,915,000
	Total Surplus (Deficit) in FY19:	-\$2,774,000
	<b>Payer Mix</b>	
	Public Payer Mix:	70.6% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	1.00
	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	17,598
	Change FY18-FY19:	-3.9%
	Emergency Department Visits in FY19:	71,140
	Change FY18-FY19:	0.3%
	Outpatient Visits in FY19:	109,934
	Change FY18-FY19:	3.0%
	<b>Quality</b>	
	Readmission Rate in FY18:	16.8%
	Change FY14-FY18 (percentage points):	2.7
	Early Elective Deliveries Rate:	0.0%



For descriptions of the metrics, please see the technical appendix.



# 2019 HOSPITAL PROFILE: NORTH SHORE MEDICAL CENTER

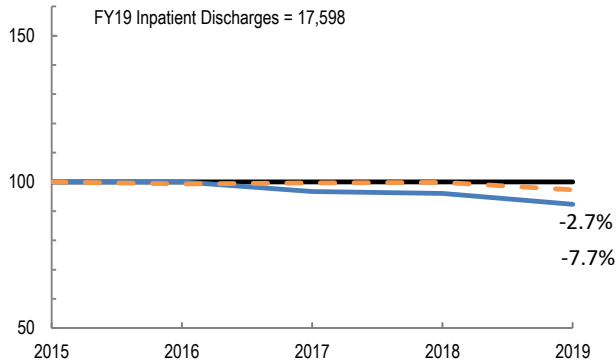
Cohort: Community-High Public Payer Hospital

Key:

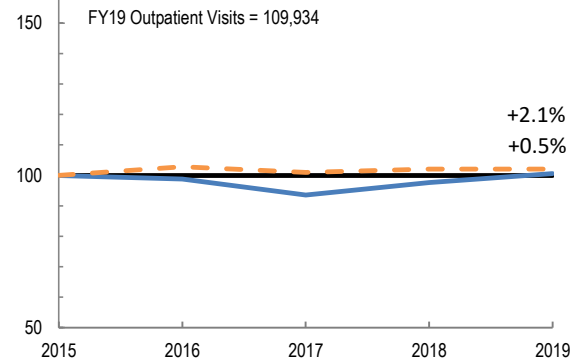
— Hospital  
- - - Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

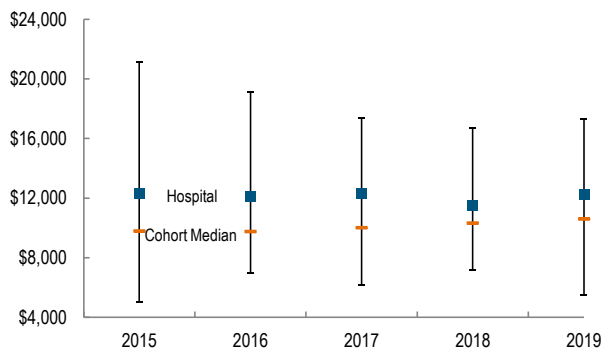


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

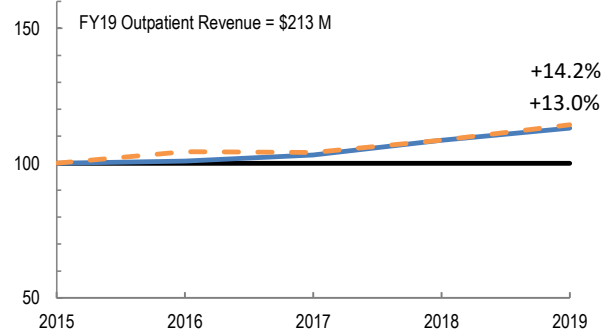


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



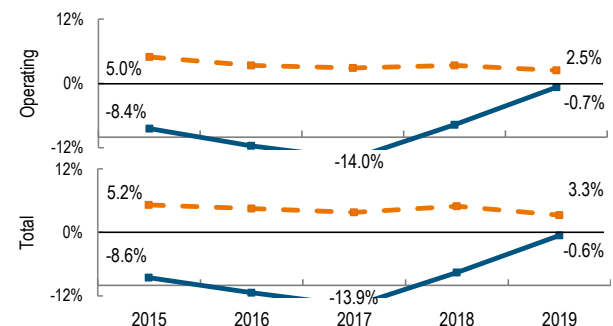
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 419.4	\$ 419.2	\$ 413.7	\$ 422.8	\$ 456.6
<b>Non-Operating Revenue</b>	\$ (0.7)	\$ 0.7	\$ 0.2	\$ 0.4	\$ 0.3
<b>Total Revenue</b>	\$ 418.7	\$ 419.9	\$ 413.9	\$ 423.1	\$ 456.9
<b>Total Costs</b>	\$ 454.6	\$ 467.9	\$ 471.7	\$ 455.3	\$ 459.7
<b>Total Profit (Loss)</b>	\$ (36.0)	\$ (48.0)	\$ (57.7)	\$ (32.2)	\$ (2.8)

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

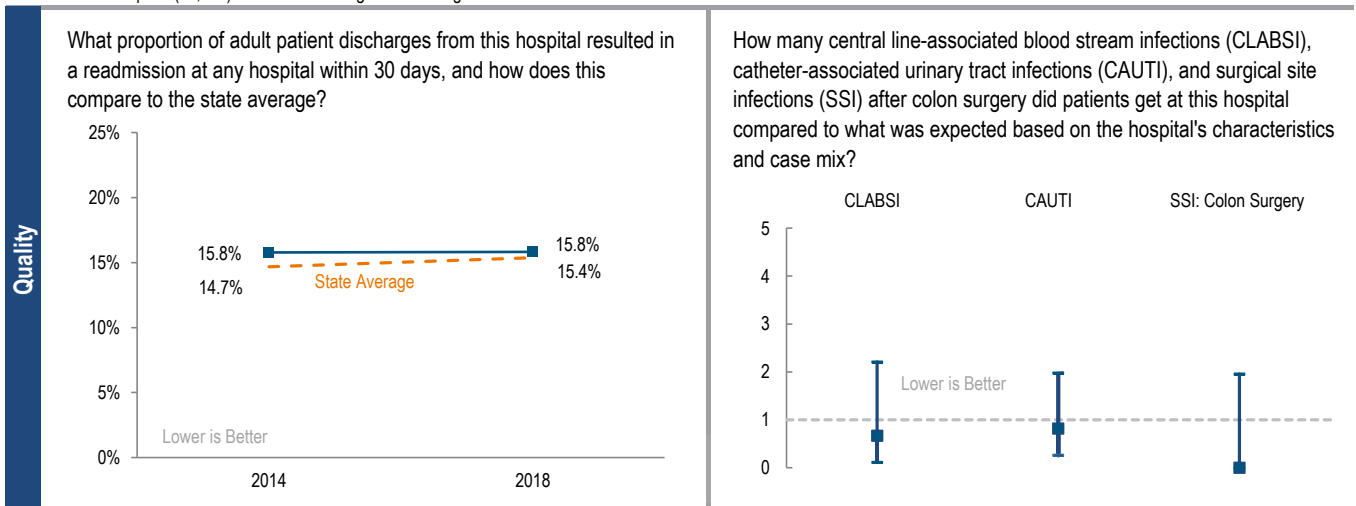
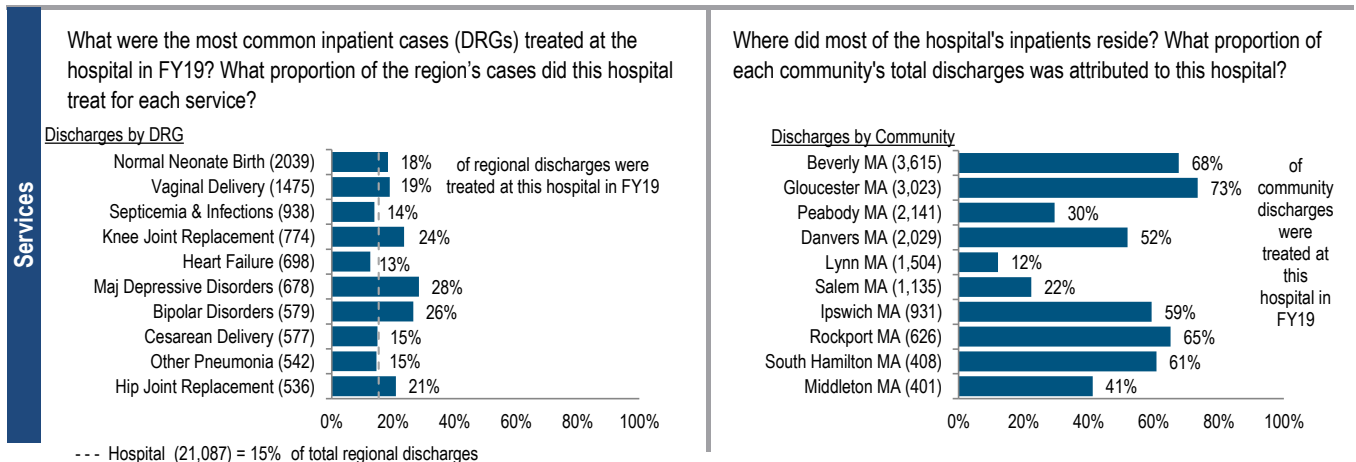
\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

θ For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

η For more information on Health Care Innovation Investment Program (HCII) special funding, please contact the Health Policy Commission (HPC).

Northeast Hospital, which includes the Addison Gilbert Hospital and Beverly Hospital campuses, is a non-profit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. It is among the larger acute hospitals in Massachusetts and is a member of Beth Israel Lahey Health. Between FY15 and FY19, outpatient visits increased by 3.9%, compared to a median increase of 2.1% for its peer cohort. Northeast Hospital reported a profit in each of the last five years, including a profit of \$19.9M in FY19 and a total margin of 8.6%, higher than the 3.3% median for its peer cohort.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Beth Israel Lahey Health
	Hospital System Surplus (Deficit) in FY19:	\$102,634,000
	Change in Ownership (FY15-19):	Beth Israel Lahey Health 3/1/19
	Total Staffed Beds:	344, among the larger acute hospitals
	% Occupancy:	76.9%, > cohort avg. (66%)
	Special Public Funding:	HCI <sup>II</sup> , CHRTF <sup>o</sup>
	Trauma Center Designation:	Adult: Level 3
	Case Mix Index:	0.93, < cohort avg. (0.96); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,637
	Change FY18-FY19:	2.2%
	Inpatient:Outpatient Revenue in FY19:	35%:65%
	Outpatient Revenue in FY19:	\$173,019,189
	Change FY18-FY19:	7.3%
	Total Revenue in FY19:	\$231,413,000
	Total Surplus (Deficit) in FY19:	\$19,895,000
	<b>Payer Mix</b>	
	Public Payer Mix:	63.7% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.86
	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	21,087
	Change FY18-FY19:	0.2%
	Emergency Department Visits in FY19:	61,530
	Change FY18-FY19:	-2.8%
	Outpatient Visits in FY19:	478,015
	Change FY18-FY19:	-0.3%
	<b>Quality</b>	
	Readmission Rate in FY18:	15.8%
	Change FY14-FY18 (percentage points):	0.0
	Early Elective Deliveries Rate:	0.0%



## 2019 HOSPITAL PROFILE: NORTHEAST HOSPITAL

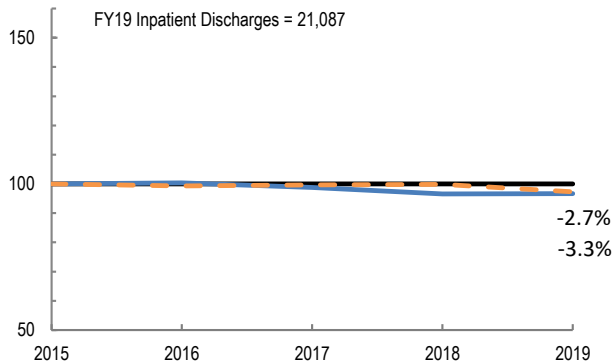
Cohort: Community-High Public Payer Hospital

Key:

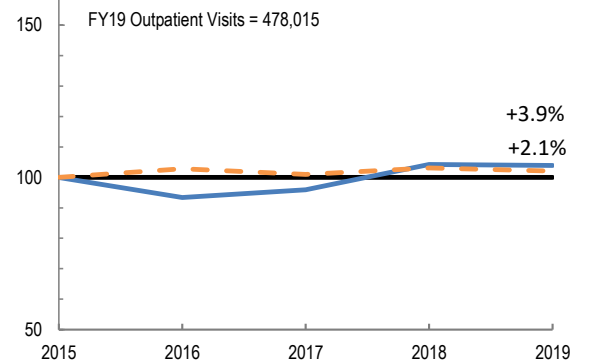
— Hospital  
- - - Peer Cohort

### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

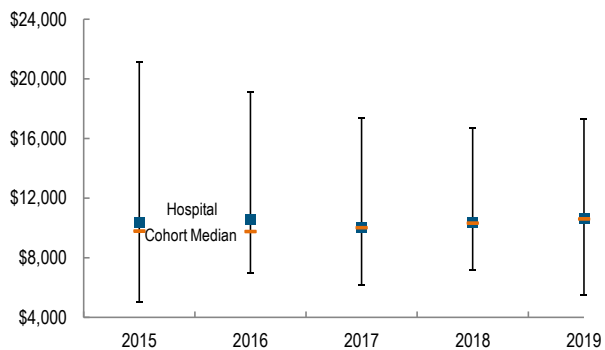


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

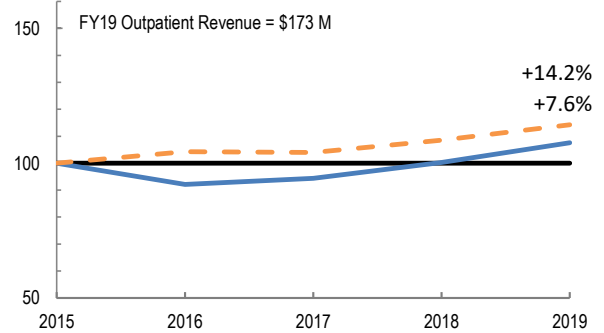


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



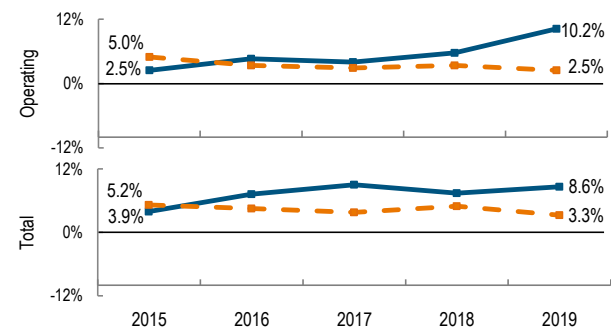
### Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

Revenue, Cost, & Profit/Loss (in millions)\*\*

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 346.3	\$ 349.5	\$ 350.2	\$ 373.4	\$ 235.2
<b>Non-Operating Revenue</b>	\$ 5.2	\$ 9.4	\$ 18.5	\$ 6.3	\$ (3.8)
<b>Total Revenue</b>	\$ 351.5	\$ 358.9	\$ 368.7	\$ 379.7	\$ 231.4
<b>Total Costs</b>	\$ 337.6	\$ 333.0	\$ 335.6	\$ 351.7	\$ 211.5
<b>Total Profit (Loss)</b>	\$ 13.9	\$ 25.9	\$ 33.1	\$ 28.0	\$ 19.9

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

‡ For more information on Health Care Innovation Investment Program (HCII) special funding, please contact the Health Policy Commission (HPC).

\*\* FY19 data reflects the seven months of data after the merger to Beth Israel Lahey Health.

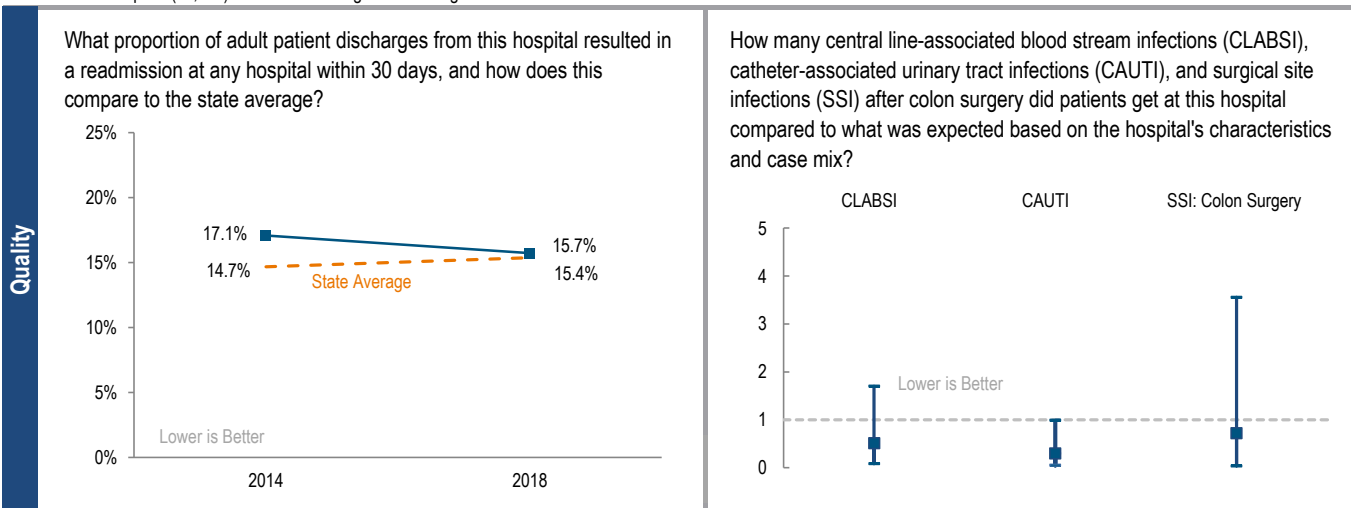
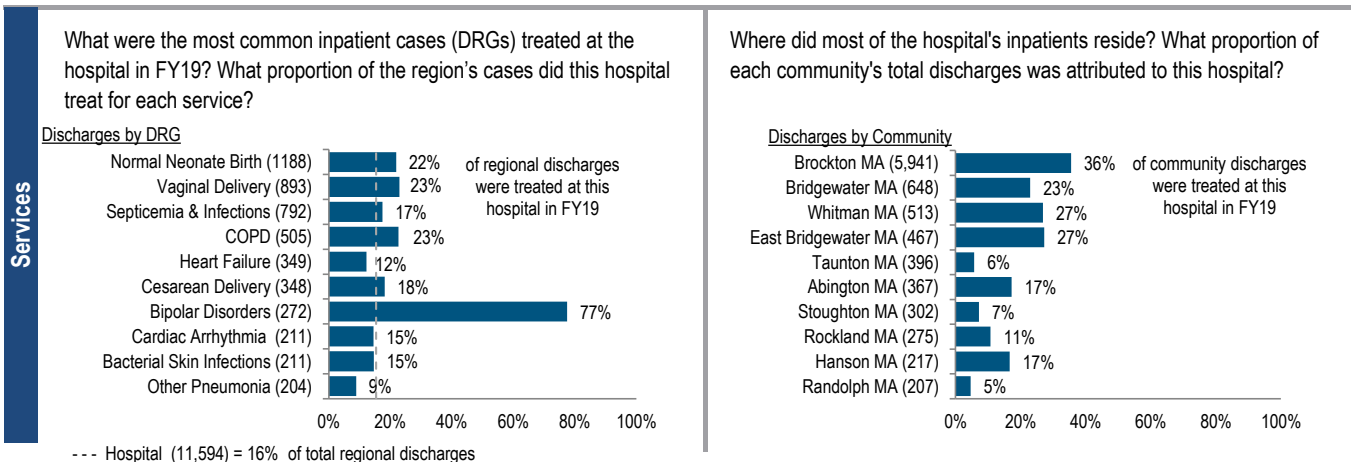
# SIGNATURE HEALTHCARE BROCKTON HOSPITAL

## 2019 Hospital Profile

Brockton, MA  
Community-High Public Payer Hospital  
Metro South

Signature Healthcare Brockton Hospital is a non-profit community-High Public Payer (HPP) hospital located in the Metro South region. Between FY15 and FY19, the volume of inpatient discharges at the hospital decreased by 9.5% compared to a median decrease of 2.7% at cohort hospitals. Outpatient visits increased 77.7% for the hospital between FY15 and FY19, compared to a median increase of 2.1% for its peer cohort. Signature Healthcare Brockton Hospital reported a profit each year in this time period including a profit of \$10.6M in FY19 and a total margin of 3.5%, compared to the cohort median of 3.3%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Signature Healthcare Corporation
	Hospital System Surplus (Deficit) in FY19:	(\$6,653,884)
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	216, mid-size acute hospital
	% Occupancy:	67.1%, > cohort avg. (66%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.90, < cohort avg. (0.96); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$11,629
	Change FY18-FY19:	-5.7%
	Inpatient:Outpatient Revenue in FY19:	36%:64%
	Outpatient Revenue in FY19:	\$137,040,873
	Change FY18-FY19:	4.4%
	Total Revenue in FY19:	\$302,032,725
	Total Surplus (Deficit) in FY19:	\$10,596,257
	<b>Payer Mix</b>	
	Public Payer Mix:	73.7% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.81
	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	11,594
	Change FY18-FY19:	6.2%
	Emergency Department Visits in FY19:	59,325
	Change FY18-FY19:	-1.5%
	Outpatient Visits in FY19:	192,718
	Change FY18-FY19:	10.4%
	<b>Quality</b>	
	Readmission Rate in FY18:	15.7%
	Change FY14-FY18 (percentage points):	-1.4
	Early Elective Deliveries Rate:	0.0%



For descriptions of the metrics, please see the technical appendix.

# 2019 HOSPITAL PROFILE: SIGNATURE HEALTHCARE BROCKTON HOSPITAL

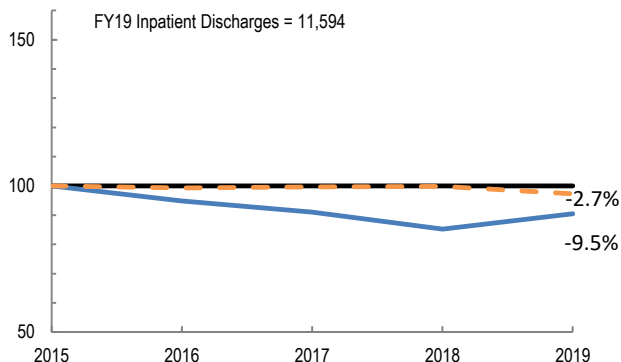
Cohort: Community-High Public Payer Hospital

Key:

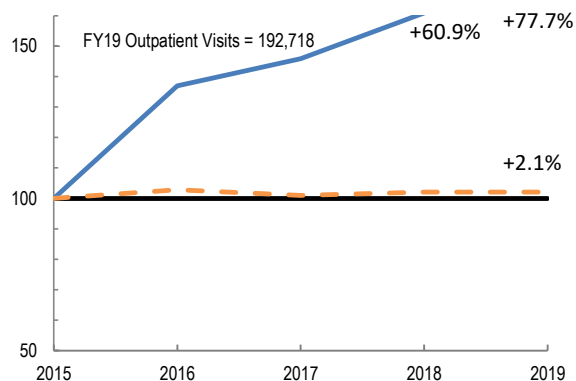


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

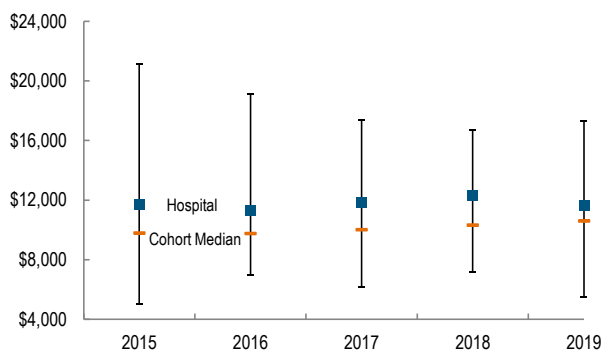


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

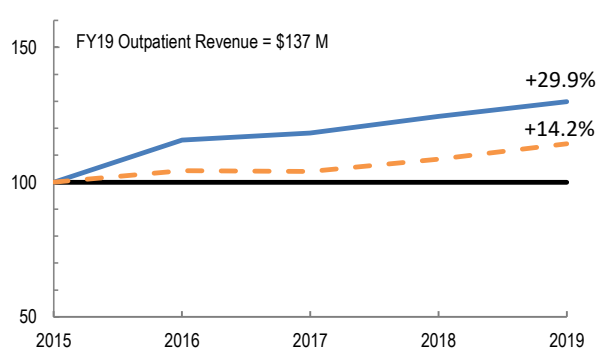


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



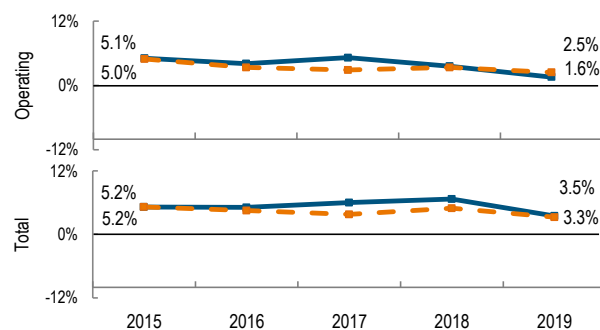
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 260.0	\$ 268.0	\$ 282.9	\$ 287.9	\$ 296.3
<b>Non-Operating Revenue</b>	\$ 0.2	\$ 2.7	\$ 2.3	\$ 9.3	\$ 5.7
<b>Total Revenue</b>	\$ 260.2	\$ 270.6	\$ 285.1	\$ 297.1	\$ 302.0
<b>Total Costs</b>	\$ 246.7	\$ 256.9	\$ 268.1	\$ 277.2	\$ 291.4
<b>Total Profit (Loss)</b>	\$ 13.5	\$ 13.8	\$ 17.0	\$ 19.9	\$ 10.6

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

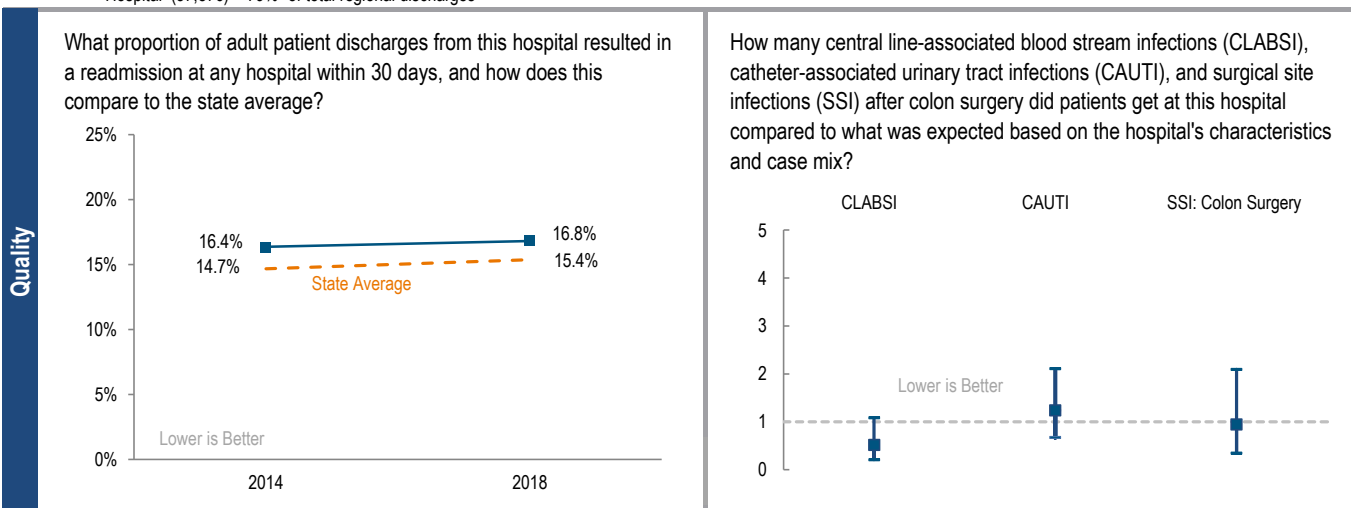
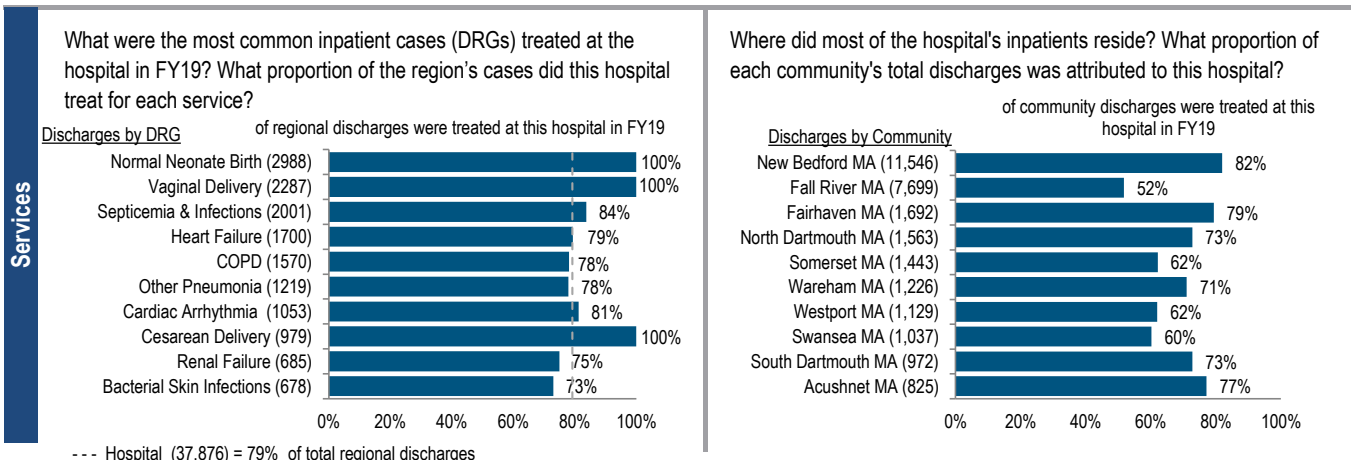
# SOUTHCOST HOSPITALS GROUP

## 2019 Hospital Profile

Fall River, New Bedford, & Wareham, MA  
Community-High Public Payer Hospital  
Southcoast

Southcoast Hospitals Group is a large, non-profit community-High Public Payer (HPP) hospital group located in the Southcoast region. It has three campuses across Southeastern Massachusetts: Charlton Memorial Hospital, St. Luke's Hospital, and Tobey Hospital. Between FY15 and FY19, the volume of inpatient discharges at the hospital decreased by 3.1% compared to the median decrease of 2.7% at cohort hospitals. Outpatient visits increased by 10.1% for the hospital between FY15 and FY19, compared to a median increase of 2.1% for its peer cohort. Southcoast Hospitals Group reported a profit each year in this time period including a profit of \$76.6M in FY19 and a total margin of 8.5%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Southcoast Health System
	Hospital System Surplus (Deficit) in FY19:	\$34,845,493
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	516, 6th largest acute hospital
	% Occupancy:	86.8%, > cohort avg. (66%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.05, > cohort avg. (0.96); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$9,142
	Change FY18-FY19:	-1.6%
	Inpatient:Outpatient Revenue in FY19:	38%:62%
	Outpatient Revenue in FY19:	\$456,393,860
	Change FY18-FY19:	7.9%
	Total Revenue in FY19:	\$898,382,532
	Total Surplus (Deficit) in FY19:	\$76,557,288
	<b>Payer Mix</b>	
	Public Payer Mix:	75.4% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.88
	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	37,876
	Change FY18-FY19:	4.9%
	Emergency Department Visits in FY19:	162,121
	Change FY18-FY19:	-2.4%
	Outpatient Visits in FY19:	967,566
	Change FY18-FY19:	4.8%
	<b>Quality</b>	
	Readmission Rate in FY18:	16.8%
	Change FY14-FY18 (percentage points):	0.5
	Early Elective Deliveries Rate:	2.9%



For descriptions of the metrics, please see the technical appendix.

# 2019 HOSPITAL PROFILE: SOUTHCOAST HOSPITALS GROUP

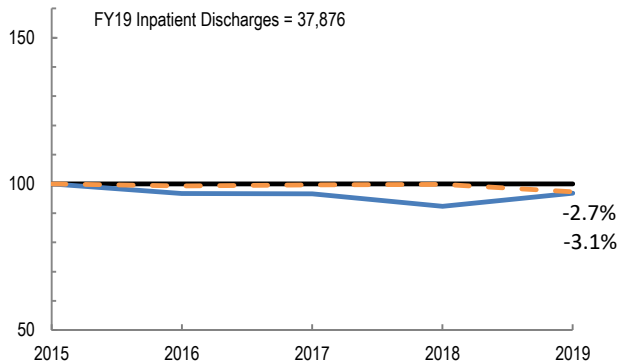
Cohort: Community-High Public Payer Hospital

Key:

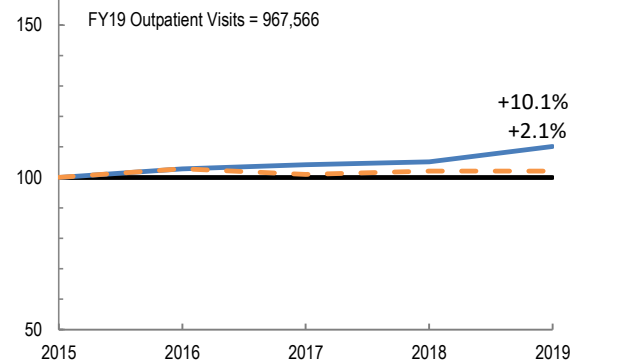


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

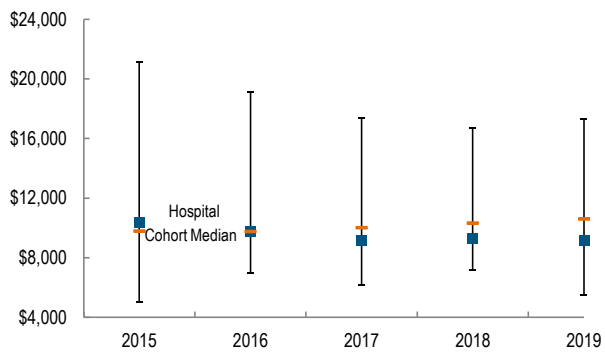


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

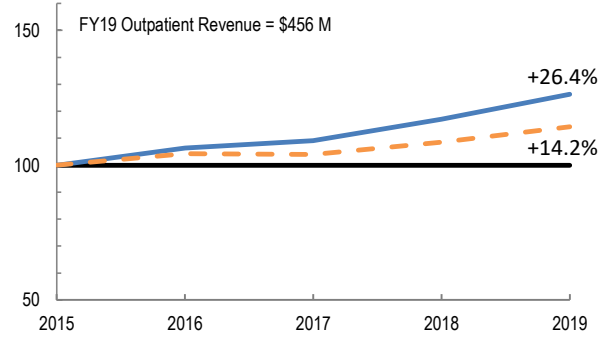


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



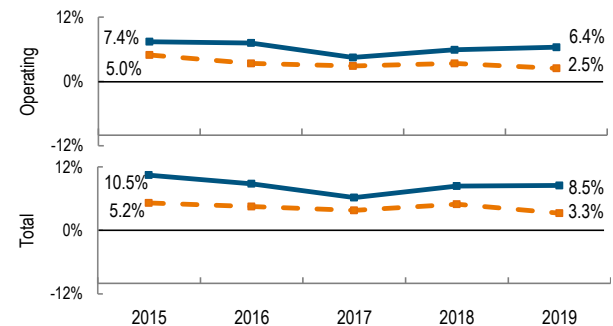
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 807.5	\$ 815.8	\$ 810.2	\$ 827.9	\$ 879.4
<b>Non-Operating Revenue</b>	\$ 25.4	\$ 13.8	\$ 13.9	\$ 21.3	\$ 19.0
<b>Total Revenue</b>	\$ 832.8	\$ 829.6	\$ 824.1	\$ 849.2	\$ 898.4
<b>Total Costs</b>	\$ 745.7	\$ 756.4	\$ 772.7	\$ 777.5	\$ 821.8
<b>Total Profit (Loss)</b>	\$ 87.2	\$ 73.2	\$ 51.4	\$ 71.8	\$ 76.6

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).



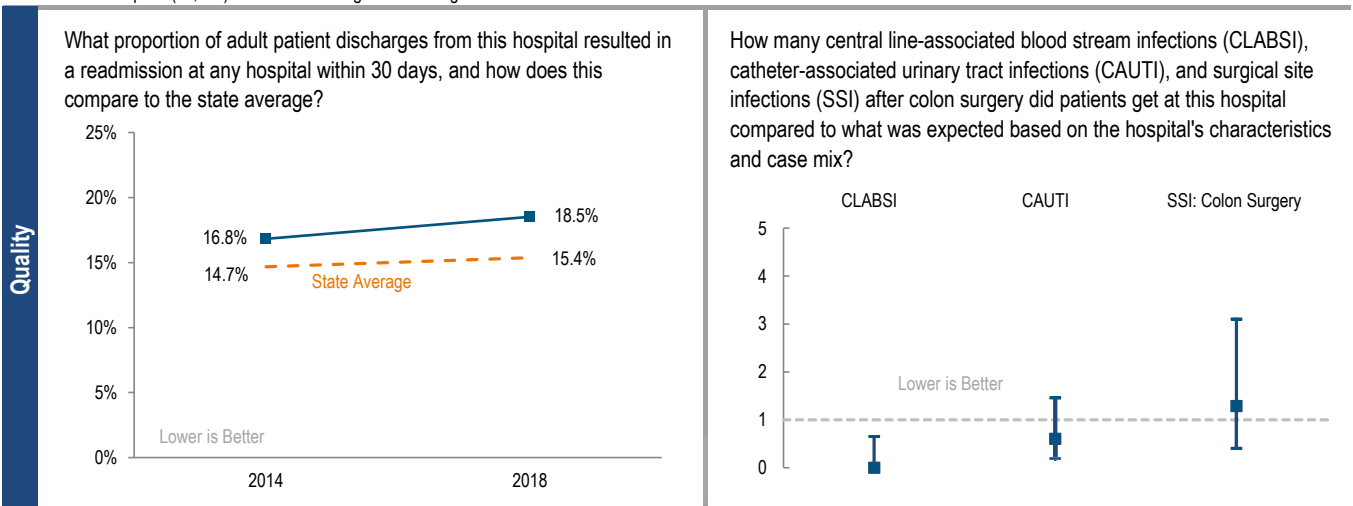
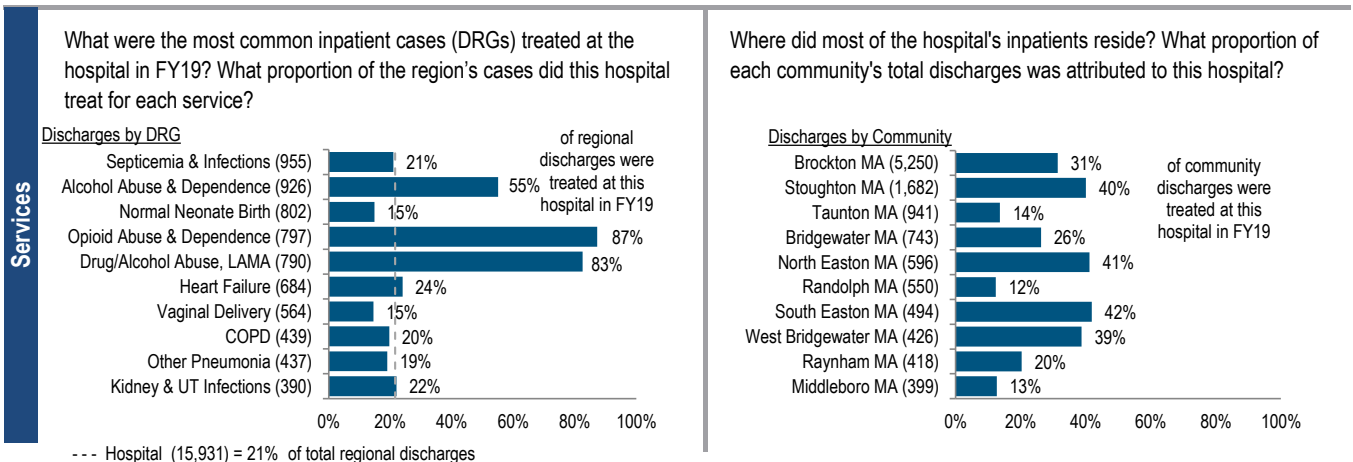
# STEWARD GOOD SAMARITAN MEDICAL CENTER

## 2019 Hospital Profile

Brockton, MA  
Community-High Public Payer Hospital  
Metro South

Steward Good Samaritan Medical Center is a large, for-profit community-High Public Payer (HPP) hospital located in the Metro South region. It is a member of Steward Health Care. Outpatient visits increased by 7.0% for the hospital between FY15 and FY19, compared to a median increase of 2.1% for its peer cohort. Outpatient revenue increased 14.7% for the hospital between FY15 and FY19, compared to a median increase of 14.2% for its peer cohort. Steward Good Samaritan reported a profit in each of the five years in this period, including its largest profit at \$62.5M and its largest total margin of 20.1% in FY19.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Steward Health Care
	Hospital System Surplus (Deficit) in FY19:	Steward Failed to Submit
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	249, among the larger acute hospitals
	% Occupancy:	81.4%, > cohort avg. (66%)
	Special Public Funding:	HCI <sup>II</sup> , CHRTF <sup>o</sup>
	Trauma Center Designation:	Adult: Level 3
	Case Mix Index:	0.95, < cohort avg. (0.96); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$11,303
	Change FY18-FY19:	7.2%
	Inpatient:Outpatient Revenue in FY19:	48%:52%
	Outpatient Revenue in FY19:	\$132,171,755
	Change FY18-FY19:	5.5%
	Total Revenue in FY19:	\$310,316,769
	Total Surplus (Deficit) in FY19:	\$62,517,149
	<b>Payer Mix</b>	
	Public Payer Mix:	70.4% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.87
	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	15,931
	Change FY18-FY19:	-8.0%
	Emergency Department Visits in FY19:	63,094
	Change FY18-FY19:	-4.2%
	Outpatient Visits in FY19:	77,410
	Change FY18-FY19:	-1.2%
	<b>Quality</b>	
	Readmission Rate in FY18:	18.5%
	Change FY14-FY18 (percentage points):	1.7
	Early Elective Deliveries Rate:	0.0%



For descriptions of the metrics, please see the technical appendix.

# 2019 HOSPITAL PROFILE: STEWARD GOOD SAMARITAN MEDICAL CENTER

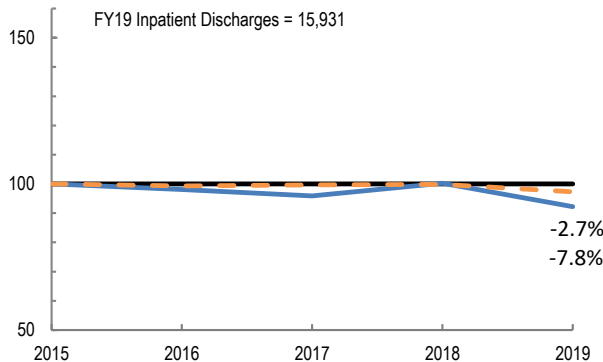
Cohort: Community-High Public Payer Hospital

Key:

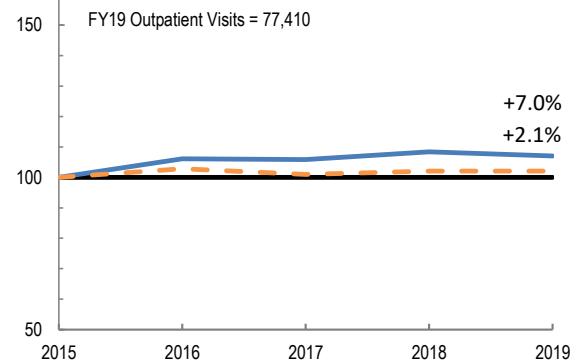


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

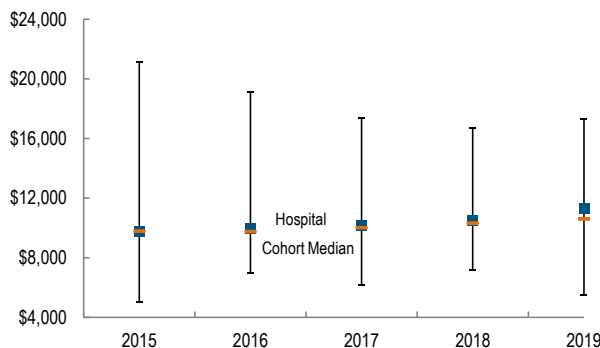


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

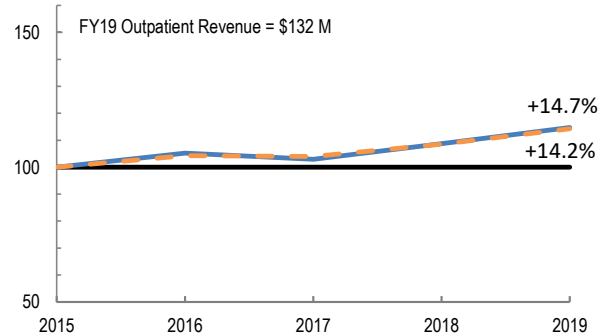


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



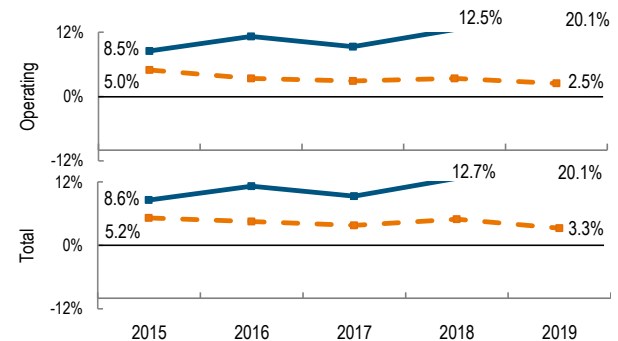
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19#?

Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 260.6	\$ 273.7	\$ 276.4	\$ 298.7	\$ 310.3
<b>Non-Operating Revenue</b>	\$ 0.2	\$ 0.2	\$ 0.2	\$ 0.6	\$ 0.0
<b>Total Revenue</b>	\$ 260.8	\$ 273.9	\$ 276.6	\$ 299.3	\$ 310.3
<b>Total Costs</b>	\$ 238.4	\$ 243.1	\$ 250.8	\$ 261.2	\$ 247.8
<b>Total Profit (Loss)</b>	\$ 22.4	\$ 30.8	\$ 25.8	\$ 38.1	\$ 62.5

What were the hospital's total margin and operating margins between FY15 and FY19#, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

‡ For more information on Health Care Innovation Investment Program (HCII) special funding, please contact the Health Policy Commission (HPC).

# The fiscal year 2019 financial performance data shown is sourced from standardized financial statement data submitted by Steward Health Care in September 2020. This data has not been verified by CHIA because audited financial statements and consolidating schedules were not provided by the hospital as required by regulation.

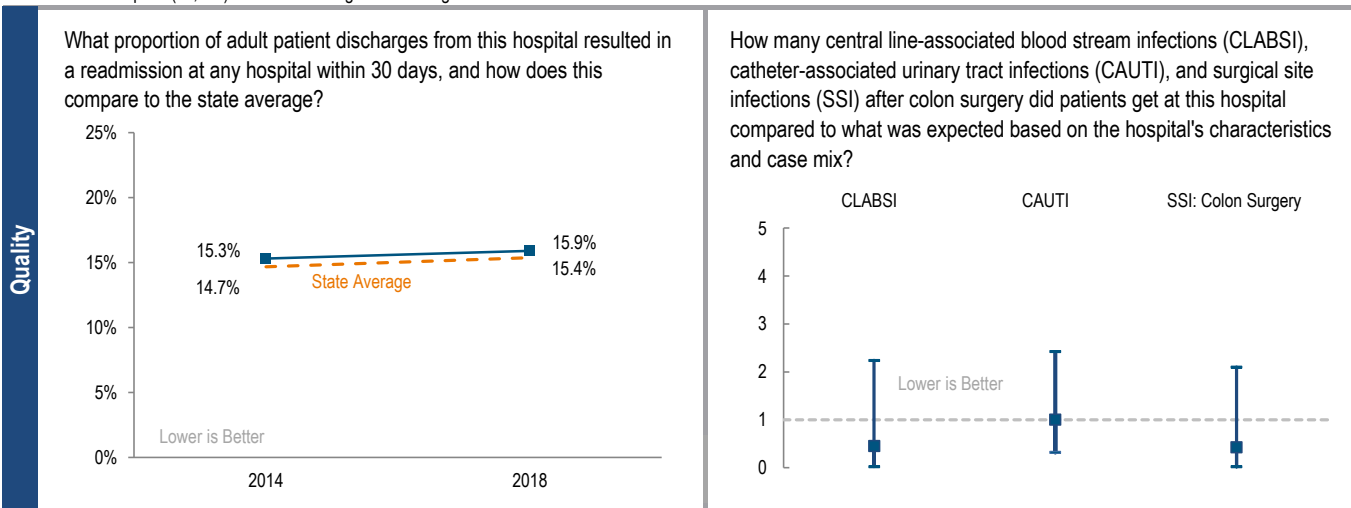
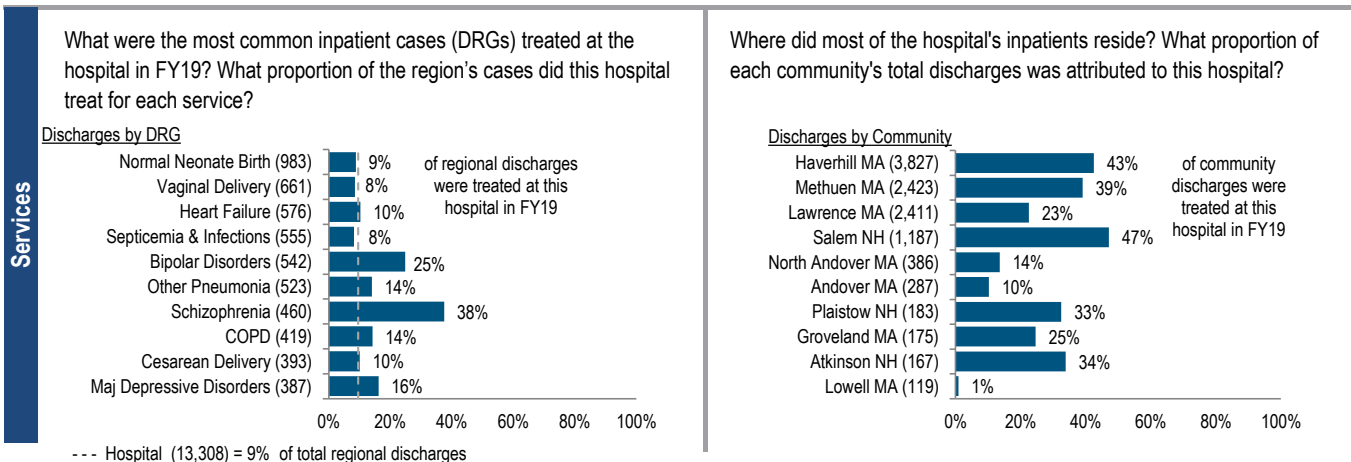
# STEWARD HOLY FAMILY HOSPITAL

## 2019 Hospital Profile

Methuen, MA  
Community-High Public Payer Hospital  
Northeastern Massachusetts

Steward Holy Family Hospital is a mid-size, for-profit community-High Public Payer (HPP) hospital located in the Northeastern Massachusetts region. Merrimack Hospital, another Steward Health Care System hospital, merged with Holy Family Hospital in FY14. Between FY15 and FY19, the volume of inpatient discharges at the hospital decreased by 1.2% compared to a median decrease of 2.7% at cohort hospitals. Outpatient visits increased 1.7% for the hospital between FY15 and FY19, compared to a median increase of 2.1% for its peer cohort. Steward Holy Family Hospital reported a profit each year in this time period including its largest profit of \$25.3M in FY19 and its largest total margin of 9.5%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Steward Health Care
	Hospital System Surplus (Deficit) in FY19:	Steward Failed to Submit
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	207, mid-size acute hospital
	% Occupancy:	85.0%, > cohort avg. (66%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.96, = cohort avg. (0.96); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,996
	Change FY18-FY19:	4.2%
	Inpatient:Outpatient Revenue in FY19:	43%:57%
	Outpatient Revenue in FY19:	\$122,124,116
	Change FY18-FY19:	4.0%
	Total Revenue in FY19:	\$266,303,011
	Total Surplus (Deficit) in FY19:	\$25,339,435
	<b>Payer Mix</b>	
	Public Payer Mix:	69.9% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.85
	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	13,308
	Change FY18-FY19:	2.2%
	Emergency Department Visits in FY19:	77,279
	Change FY18-FY19:	0.0%
	Outpatient Visits in FY19:	129,698
	Change FY18-FY19:	0.0%
	<b>Quality</b>	
	Readmission Rate in FY18:	15.9%
	Change FY14-FY18 (percentage points):	0.6
	Early Elective Deliveries Rate:	3.0%



For descriptions of the metrics, please see the technical appendix.

# 2019 HOSPITAL PROFILE: STEWARD HOLY FAMILY HOSPITAL

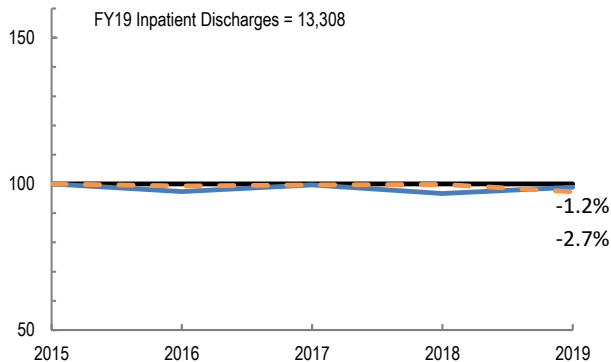
Cohort: Community-High Public Payer Hospital

Key:

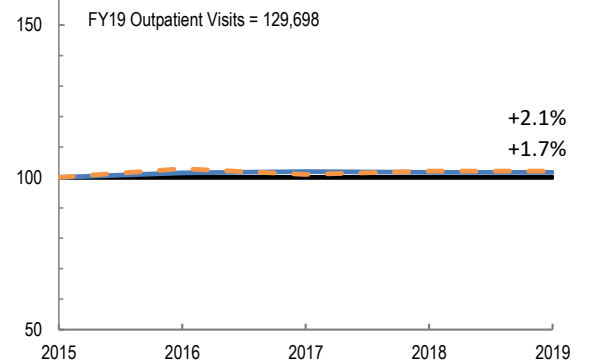


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

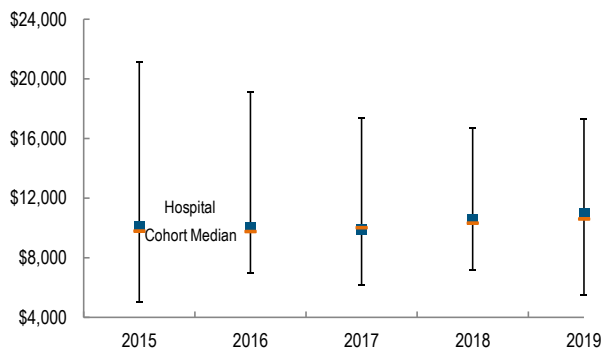


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

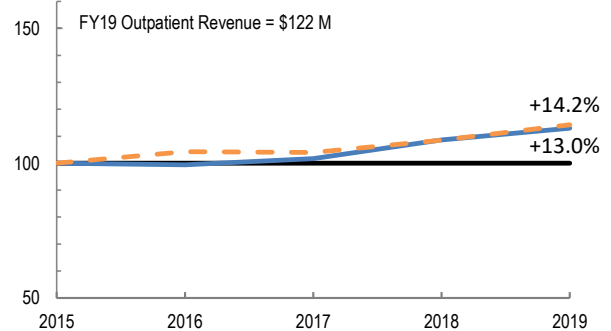


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



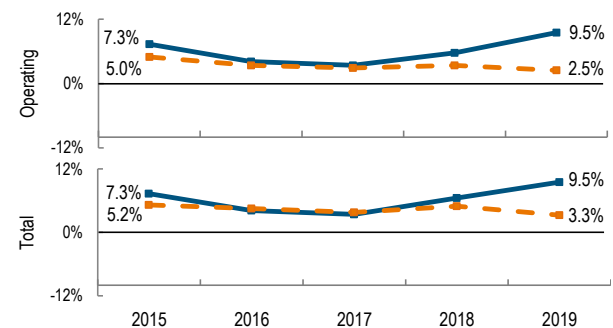
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19#?

Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 234.9	\$ 232.8	\$ 236.7	\$ 248.2	\$ 266.3
<b>Non-Operating Revenue</b>	\$ 0.0	\$ 0.0	\$ 0.0	\$ 2.1	\$ 0.0
<b>Total Revenue</b>	\$ 234.9	\$ 232.9	\$ 236.7	\$ 250.3	\$ 266.3
<b>Total Costs</b>	\$ 217.7	\$ 223.2	\$ 228.7	\$ 233.9	\$ 241.0
<b>Total Profit (Loss)</b>	\$ 17.2	\$ 9.6	\$ 8.0	\$ 16.3	\$ 25.3

What were the hospital's total margin and operating margins between FY15 and FY19#, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

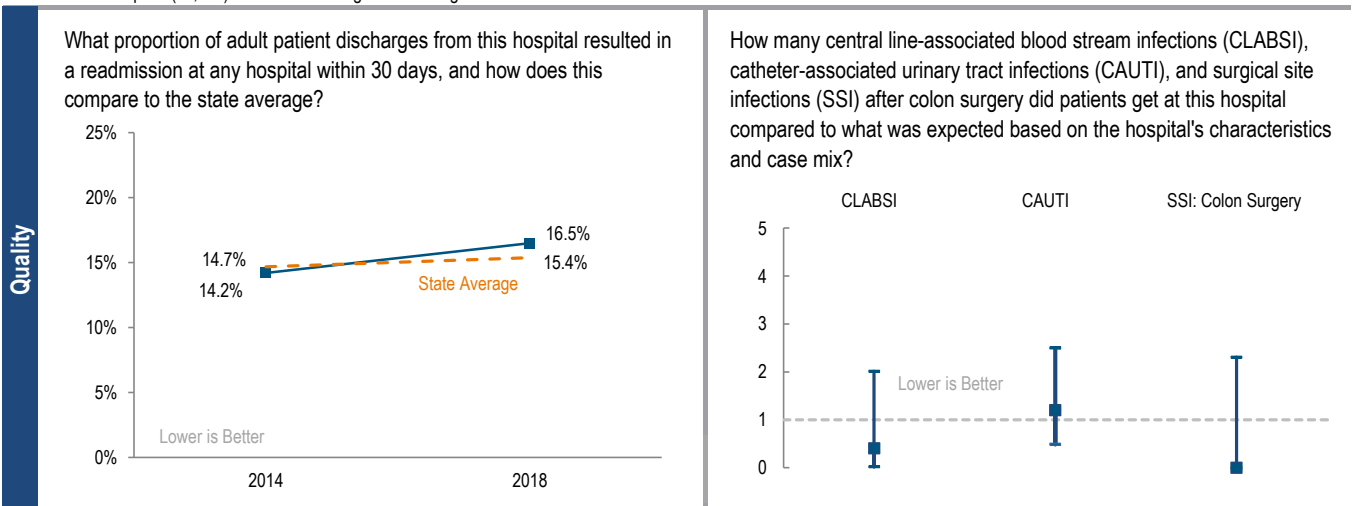
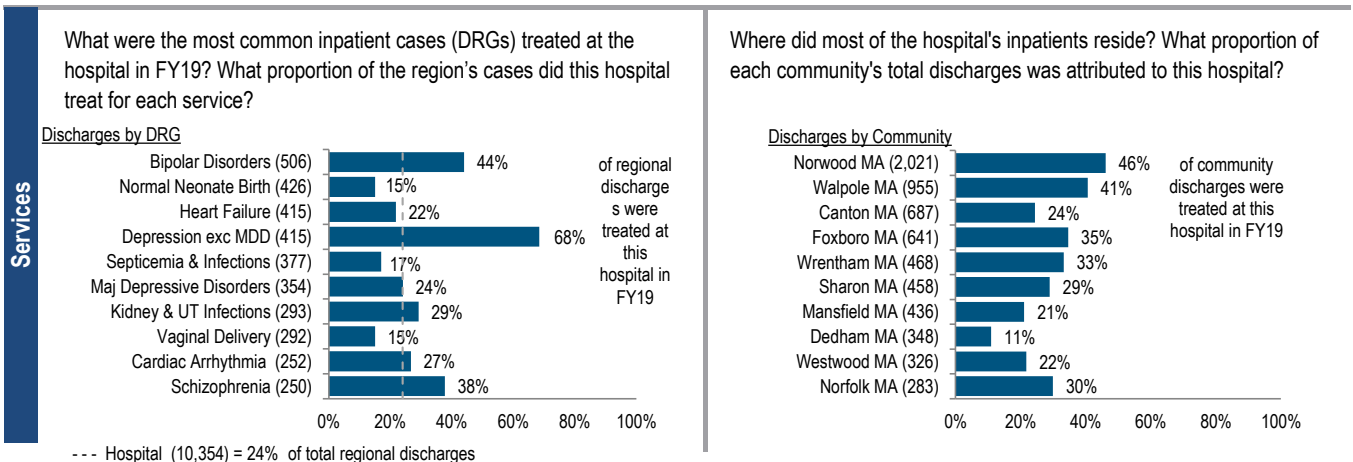
\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

# The fiscal year 2019 financial performance data shown is sourced from standardized financial statement data submitted by Steward Health Care in September 2020. This data has not been verified by CHIA because audited financial statements and consolidating schedules were not provided by the hospital as required by regulation.

Steward Norwood Hospital is a mid-size, for-profit community-High Public Payer (HPP) hospital located in the Metro West region. Steward Norwood Hospital is a member of Steward Health Care. Between FY15 and FY19, the volume of inpatient discharges at the hospital decreased by 9.5% compared to a median decrease of 2.7% at cohort hospitals. Outpatient visits increased 3.1% for the hospital between FY15 and FY19, compared to a median increase of 2.1% for its peer cohort. Steward Norwood Hospital reported a profit each year in this time period including its largest profit of \$25.0M and its largest total margin of 12.3% in FY19.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Steward Health Care
	Hospital System Surplus (Deficit) in FY19:	Steward Failed to Submit
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	185, mid-size acute hospital
	% Occupancy:	81.2%, > cohort avg. (66%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.95, < cohort avg. (0.96); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$10,872
	Change FY18-FY19:	5.4%
	Inpatient:Outpatient Revenue in FY19:	40%:60%
	Outpatient Revenue in FY19:	\$94,665,078
	Change FY18-FY19:	8.4%
	Total Revenue in FY19:	\$203,699,829
	Total Surplus (Deficit) in FY19:	\$24,973,658
	<b>Payer Mix</b>	
	Public Payer Mix:	64.4% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.91
	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	10,354
	Change FY18-FY19:	-1.2%
	Emergency Department Visits in FY19:	39,444
	Change FY18-FY19:	-2.5%
	Outpatient Visits in FY19:	63,155
	Change FY18-FY19:	-4.9%
	<b>Quality</b>	
	Readmission Rate in FY18:	16.5%
	Change FY14-FY18 (percentage points):	2.3
	Early Elective Deliveries Rate:	0.0%



## 2019 HOSPITAL PROFILE: STEWARD NORWOOD HOSPITAL

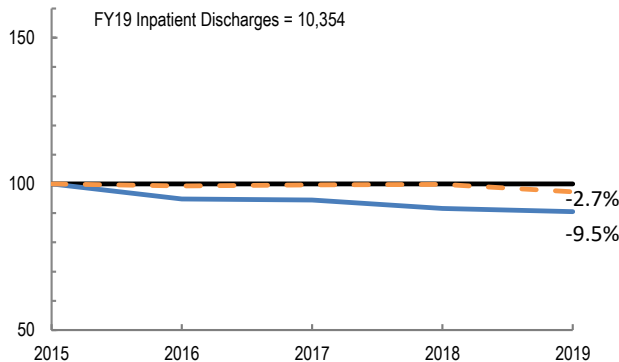
Cohort: Community-High Public Payer Hospital

Key:

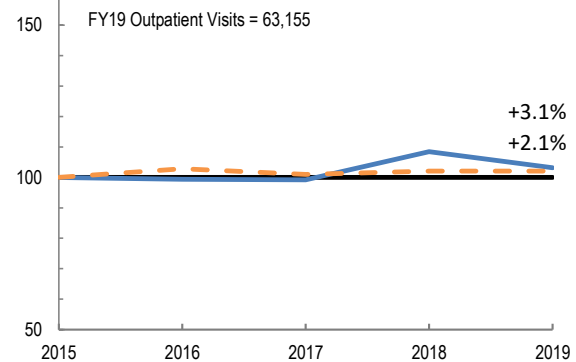


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

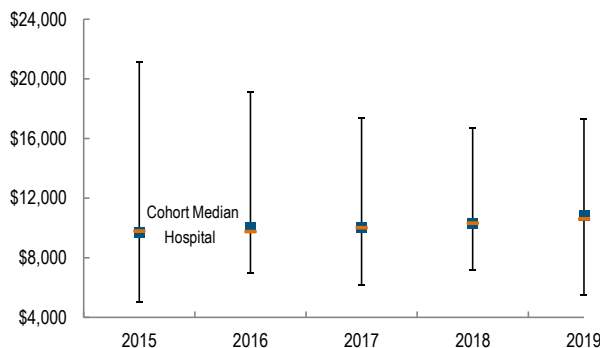


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

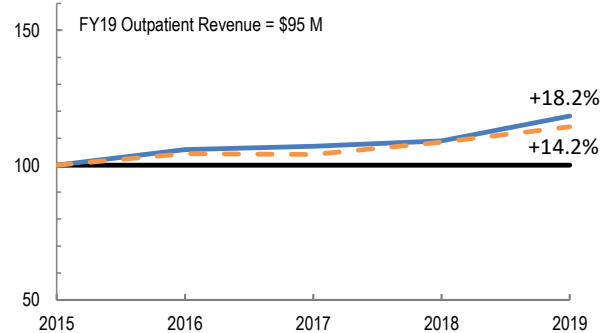


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



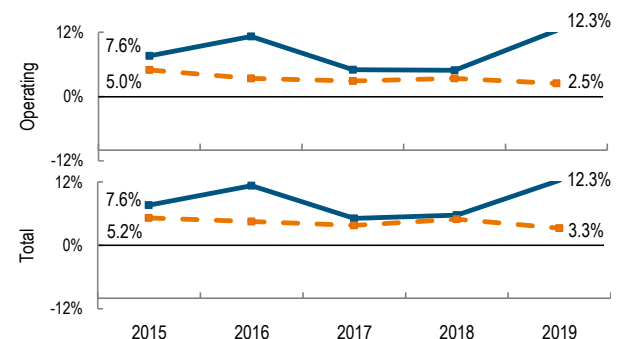
### Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19#?

Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 181.4	\$ 189.0	\$ 189.8	\$ 192.9	\$ 203.7
<b>Non-Operating Revenue</b>	\$ 0.1	\$ 0.1	\$ 0.1	\$ 1.7	\$ 0.0
<b>Total Revenue</b>	\$ 181.4	\$ 189.1	\$ 189.9	\$ 194.7	\$ 203.7
<b>Total Costs</b>	\$ 167.6	\$ 167.9	\$ 180.3	\$ 183.5	\$ 178.7
<b>Total Profit (Loss)</b>	\$ 13.8	\$ 21.3	\$ 9.6	\$ 11.2	\$ 25.0

What were the hospital's total margin and operating margins between FY15 and FY19#, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

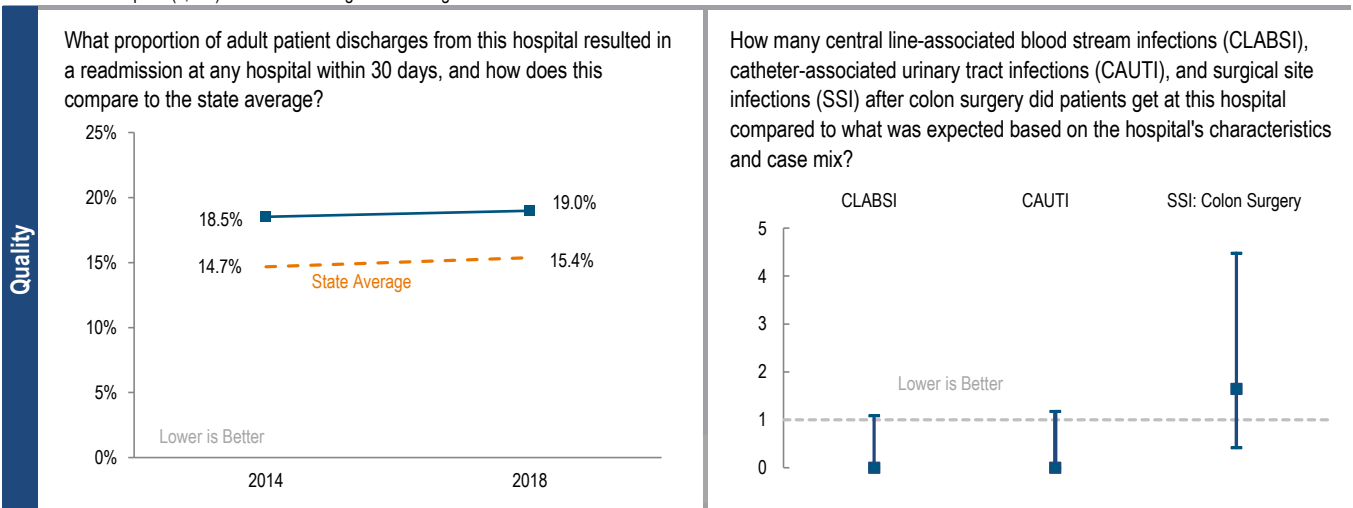
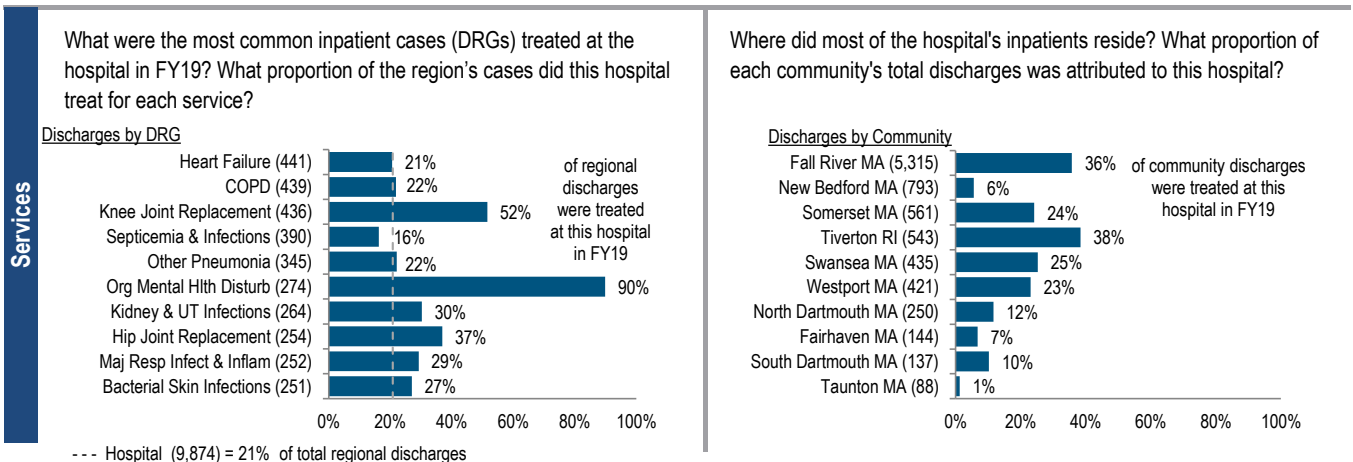
\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

# The fiscal year 2019 financial performance data shown is sourced from standardized financial statement data submitted by Steward Health Care in September 2020. This data has not been verified by CHIA because audited financial statements and consolidating schedules were not provided by the hospital as required by regulation.

Steward Saint Anne's Hospital is a mid-size, for-profit community-High Public Payer (HPP) hospital located in the Southcoast region. Steward Saint Anne's is a member of Steward Health Care. Between FY15 and FY19, the volume of inpatient discharges at the hospital increased by 7.0% compared to a median decrease of 2.7% at cohort hospitals. Outpatient visits decreased by 17.2% for the hospital between FY15 and FY19, compared to a median increase of 2.1% for its peer cohort. Steward Saint Anne's Hospital reported a profit each year in this time period including its largest profit of \$55.2M in FY19 and its largest total margin of 18.9% compared to its peer cohort median total margin of 3.3%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Steward Health Care
	Hospital System Surplus (Deficit) in FY19:	Steward Failed to Submit
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	187, mid-size acute hospital
	% Occupancy:	71.7%, > cohort avg. (66%)
	Special Public Funding:	HCI <sup>II</sup> , CHRTF <sup>o</sup>
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.04, > cohort avg. (0.96); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$11,135
	Change FY18-FY19:	10.6%
	Inpatient:Outpatient Revenue in FY19:	31%:69%
	Outpatient Revenue in FY19:	\$174,051,568
	Change FY18-FY19:	3.4%
	Total Revenue in FY19:	\$291,968,484
	Total Surplus (Deficit) in FY19:	\$55,194,263
	<b>Payer Mix</b>	
	Public Payer Mix:	70.3% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.99
	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	9,874
	Change FY18-FY19:	1.5%
	Emergency Department Visits in FY19:	47,236
	Change FY18-FY19:	-3.6%
	Outpatient Visits in FY19:	178,688
	Change FY18-FY19:	-1.9%
	<b>Quality</b>	
	Readmission Rate in FY18:	19.0%
	Change FY14-FY18 (percentage points):	0.5
	Early Elective Deliveries Rate:	Not Applicable





# 2019 HOSPITAL PROFILE: STEWARD SAINT ANNE'S HOSPITAL

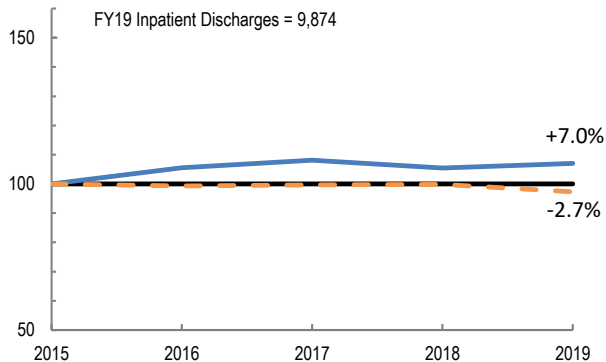
Cohort: Community-High Public Payer Hospital

Key:

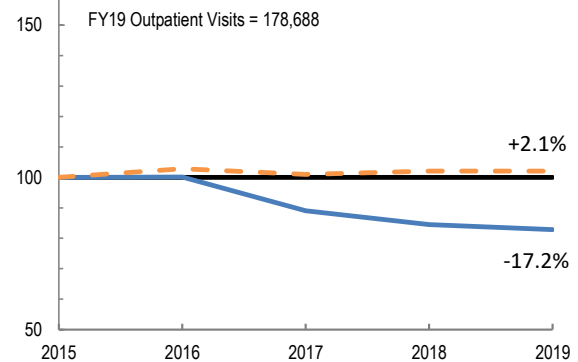
— Hospital  
- - - Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

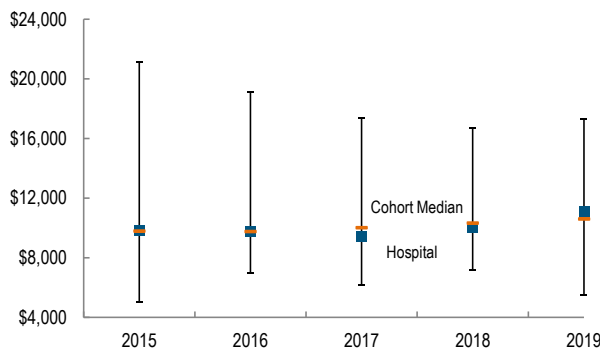


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

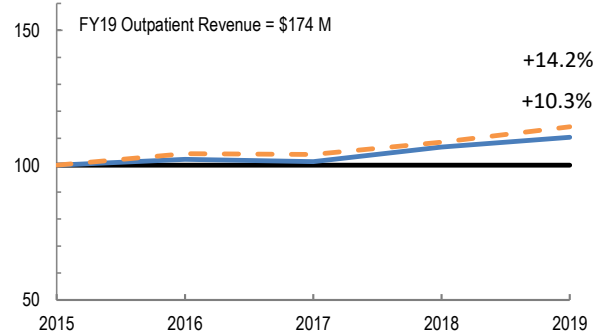


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



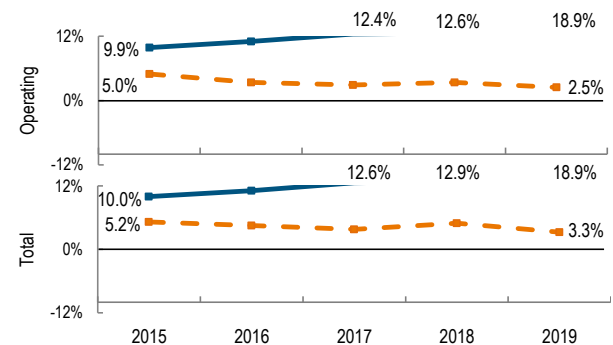
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19#?

Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 253.0	\$ 264.5	\$ 264.0	\$ 276.2	\$ 292.0
<b>Non-Operating Revenue</b>	\$ 0.3	\$ 0.2	\$ 0.3	\$ 0.7	\$ 0.0
<b>Total Revenue</b>	\$ 253.2	\$ 264.7	\$ 264.4	\$ 276.9	\$ 292.0
<b>Total Costs</b>	\$ 228.0	\$ 235.3	\$ 231.2	\$ 241.3	\$ 236.8
<b>Total Profit (Loss)</b>	\$ 25.3	\$ 29.4	\$ 33.2	\$ 35.6	\$ 55.2

What were the hospital's total margin and operating margins between FY15 and FY19#, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

‡ For more information on Health Care Innovation Investment Program (HCII) special funding, please contact the Health Policy Commission (HPC).

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# STURDY MEMORIAL HOSPITAL

## 2019 Hospital Profile

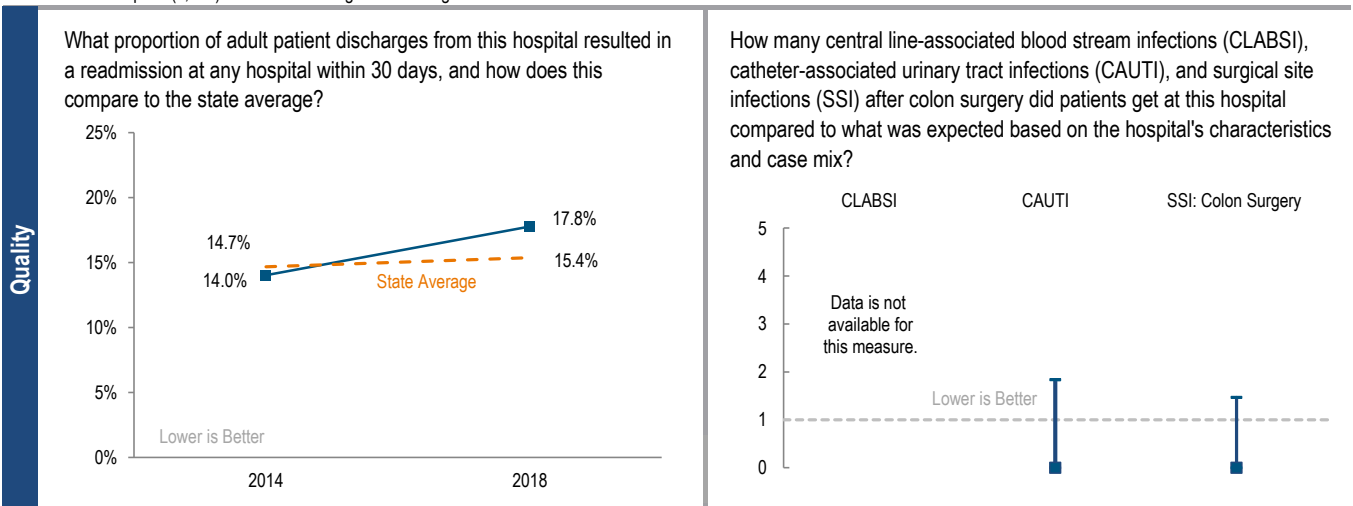
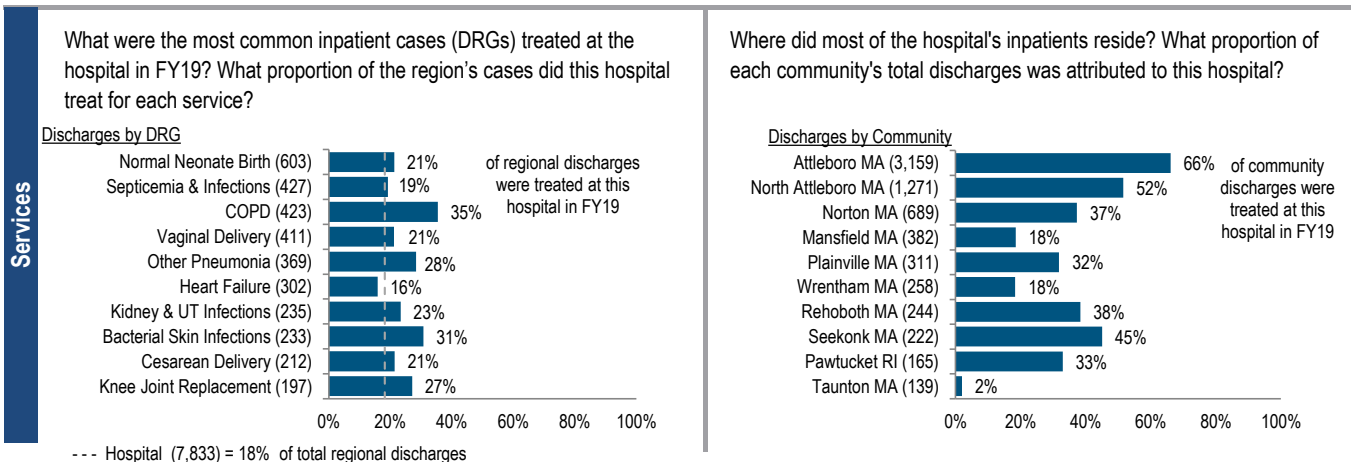
Attleboro, MA

Community-High Public Payer Hospital

Metro West

Sturdy Memorial Hospital is a mid-size, non-profit community-High Public Payer (HPP) hospital located in the Metro West region. Between FY15 and FY19, the volume of inpatient discharges at the hospital increased by 13.5% compared to a median decrease of 2.7% at cohort hospitals. Outpatient visits decreased by 1.3% for the hospital between FY15 and FY19, compared to a median increase of 2.1% for its peer cohort. Sturdy Memorial Hospital reported a profit each year in this time period including its largest profit of \$26.4M in FY19 and its largest total margin of 11.8% compared to its peer cohort median total margin of 3.3%.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Sturdy Memorial Foundation
	Hospital System Surplus (Deficit) in FY19:	\$21,339,114
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	153, mid-size acute hospital
	% Occupancy:	54.1%, < cohort avg. (66%)
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	0.84, < cohort avg. (0.96); < statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$9,301
	Change FY18-FY19:	1.9%
	Inpatient:Outpatient Revenue in FY19:	27%:73%
	Outpatient Revenue in FY19:	\$136,384,289
	Change FY18-FY19:	7.8%
	Total Revenue in FY19:	\$224,575,909
	Total Surplus (Deficit) in FY19:	\$26,448,113
	<b>Payer Mix</b>	
	Public Payer Mix:	64.9% (HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	1.10
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	7,833
	Change FY18-FY19:	0.0%
	Emergency Department Visits in FY19:	48,587
	Change FY18-FY19:	-3.7%
	Outpatient Visits in FY19:	113,020
	Change FY18-FY19:	-1.2%
	<b>Quality</b>	
	Readmission Rate in FY18:	17.8%
	Change FY14-FY18 (percentage points):	3.7
	Early Elective Deliveries Rate:	7.1%



For descriptions of the metrics, please see the technical appendix.

## 2019 HOSPITAL PROFILE: STURDY MEMORIAL HOSPITAL

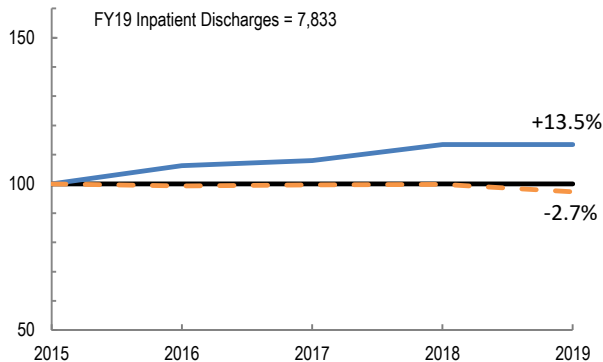
Cohort: Community-High Public Payer Hospital

Key:

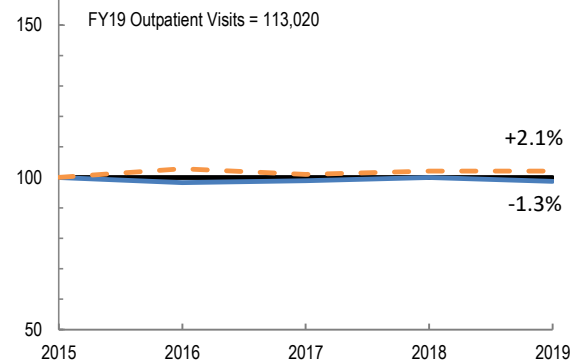


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

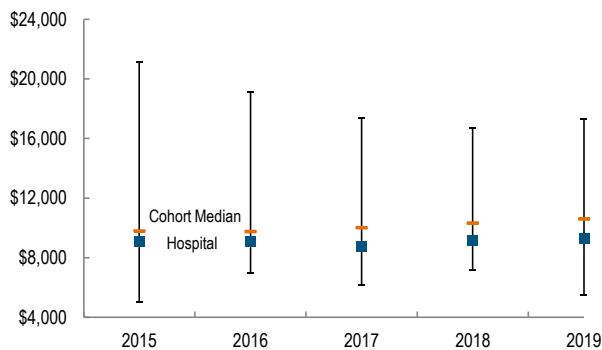


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

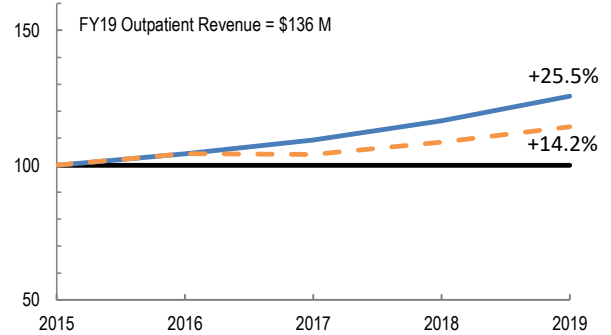


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



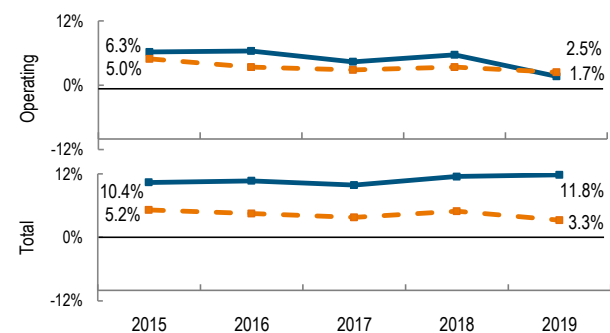
### Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 165.5	\$ 170.8	\$ 178.6	\$ 190.7	\$ 201.9
<b>Non-Operating Revenue</b>	\$ 7.1	\$ 7.7	\$ 10.3	\$ 11.7	\$ 22.7
<b>Total Revenue</b>	\$ 172.6	\$ 178.5	\$ 188.9	\$ 202.4	\$ 224.6
<b>Total Costs</b>	\$ 154.7	\$ 159.5	\$ 170.3	\$ 179.1	\$ 198.1
<b>Total Profit (Loss)</b>	\$ 17.9	\$ 19.1	\$ 18.6	\$ 23.3	\$ 26.4

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



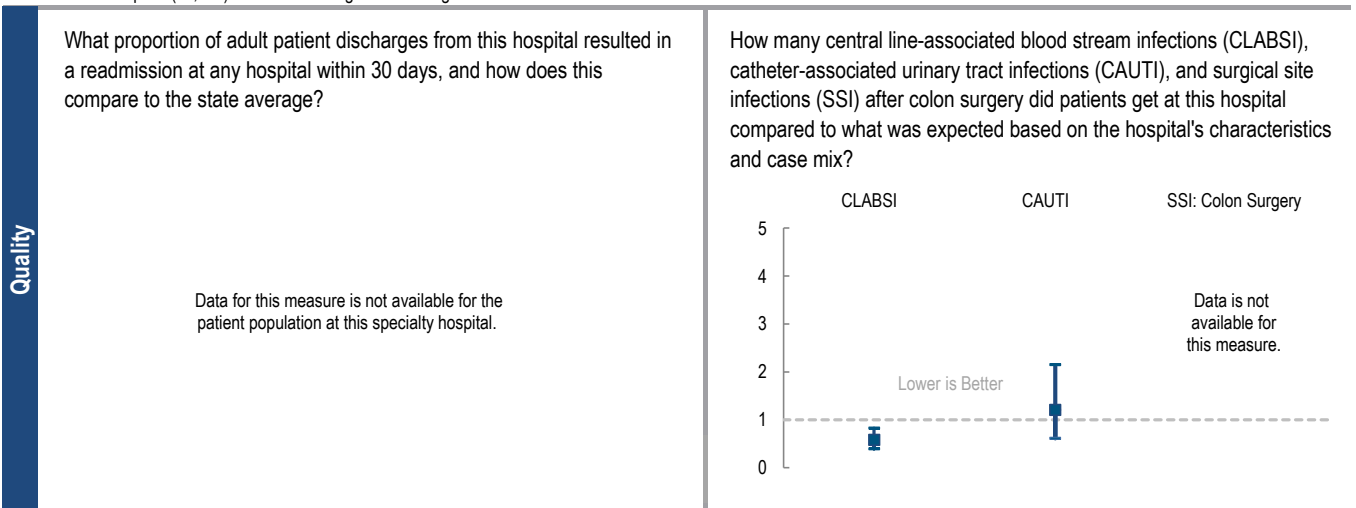
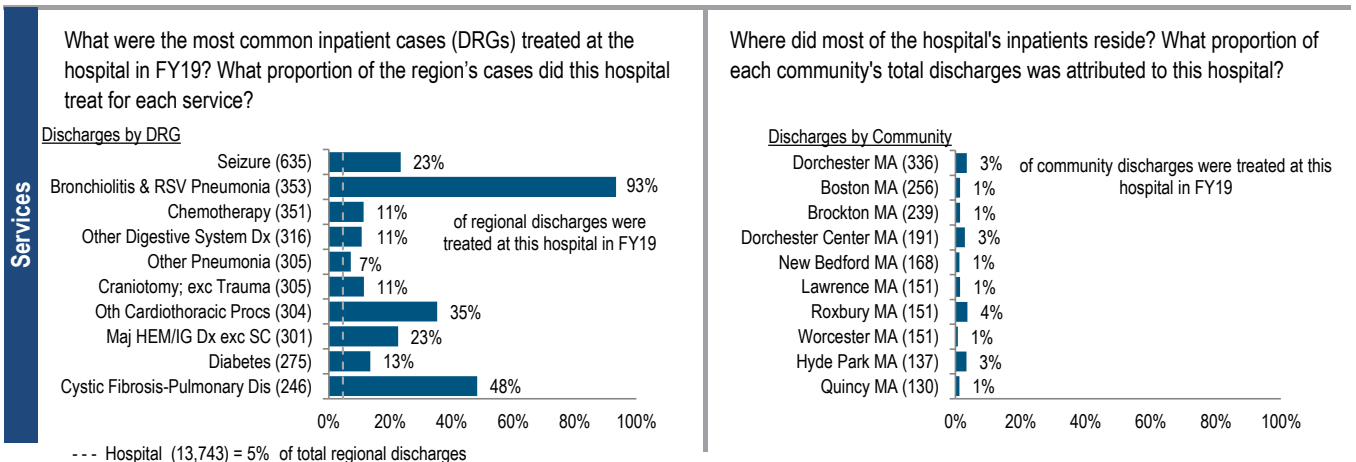
For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

Boston Children's Hospital is a large, non-profit specialty hospital dedicated to pediatric health care. It is located in the Metro Boston region. Boston Children's is a teaching hospital for Harvard Medical School and has research partnerships with numerous institutions in Massachusetts and elsewhere. It is one of nine organ transplant centers in Massachusetts. It is the ninth-largest acute hospital, with 415 beds. After reporting losses in each FY15 and FY16, the hospital has reported a profit in each of the last three years, including a \$4.8M profit in FY19. In FY19 it reported a 0.3% total margin.

At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Boston Children's Hospital and Subsid.
	Hospital System Surplus (Deficit) in FY19:	\$234,975,000
	Change in Ownership (FY15-19):	Not Applicable
	Total Staffed Beds:	415, 9th largest acute hospital
	% Occupancy:	80.6%
	Special Public Funding:	Not Applicable
	Trauma Center Designation:	Pedi: Level 1
	Case Mix Index:	2.26> statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$25,291
	Change FY18-FY19:	5.6%
	Inpatient:Outpatient Revenue in FY19:	51%:49%
	Outpatient Revenue in FY19:	\$611,452,234
	Change FY18-FY19:	4.4%
	Total Revenue in FY19:	\$1,805,480,000
	Total Surplus (Deficit) in FY19:	\$4,751,000
	<b>Payer Mix</b>	
	Public Payer Mix:	35.7% (Non-HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	1.56
	Top 3 Commercial Payers:	Blue Cross Blue Shield
		Harvard Pilgrim
		Cigna East
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	13,743
	Change FY18-FY19:	-3.4%
	Emergency Department Visits in FY19:	60,734
	Change FY18-FY19:	1.1%
	Outpatient Visits in FY19:	295,127
	Change FY18-FY19:	15.1%
	<b>Quality</b>	
	Readmission Rate in FY18:	Not Available
	Change FY14-FY18 (percentage points):	
	Early Elective Deliveries Rate:	Not Available



# 2019 HOSPITAL PROFILE: BOSTON CHILDREN'S HOSPITAL

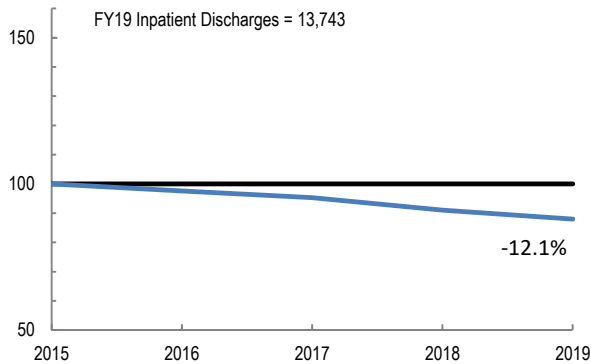
Cohort: Specialty Hospital

Key:

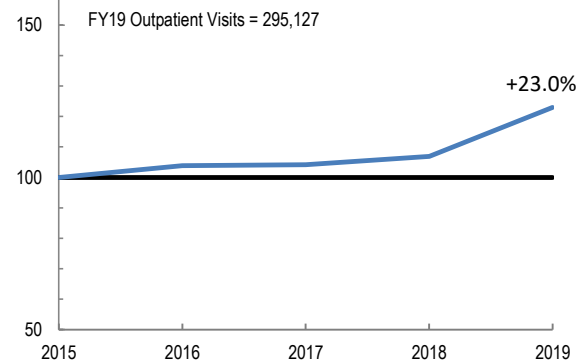
— Hospital  
- - - Peer Cohort

## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

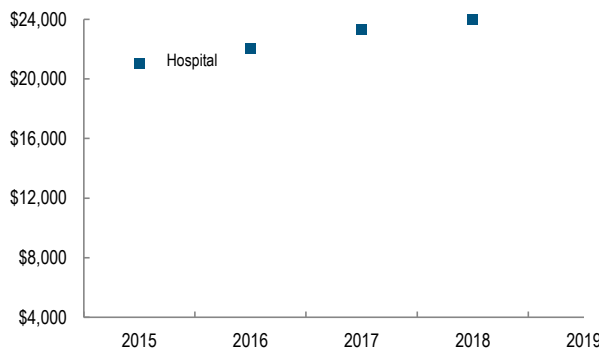


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

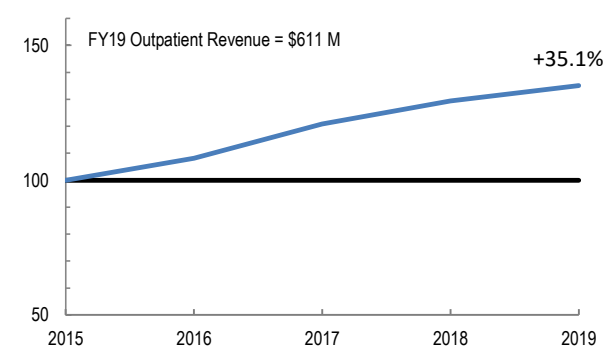


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



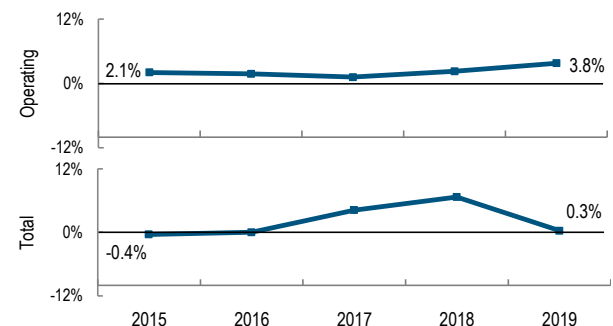
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
Operating Revenue	\$ 1,412	\$ 1,533	\$ 1,665	\$ 1,754	\$ 1,869
Non-Operating Revenue	\$ (34.1)	\$ (27.3)	\$ 53.0	\$ 81.3	\$ (63.5)
Total Revenue	\$ 1,378	\$ 1,506	\$ 1,718	\$ 1,835	\$ 1,805
Total Costs	\$ 1,383	\$ 1,506	\$ 1,645	\$ 1,712	\$ 1,801
Total Profit (Loss)	\$ (5.5)	\$ (0.3)	\$ 72.8	\$ 122.9	\$ 4.8

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

Dana-Farber Cancer Institute is a nonprofit specialty hospital dedicated to pediatric and adult cancer treatment and research, located in the Metro Boston region. It is a teaching affiliate of Harvard Medical School. It is one of 51 Comprehensive Cancer Centers in the US, designated by the National Cancer Institute. Dana-Farber Cancer Institute provides the majority of its care in an outpatient setting and had 1,568 inpatient discharges compared to 319,280 outpatient visits in FY19. Dana-Farber has posted profits in each year of the five-year period, including a 3.2% total margin in FY19.

At a Glance	<p><b>Overview / Size</b></p> <p>Hospital System Affiliation: Dana-Farber Cancer Institute and Subsid.</p> <p>Hospital System Surplus (Deficit) in FY19: \$54,089,730</p> <p>Change in Ownership (FY15-19): Not Applicable</p> <p>Total Staffed Beds: 30, among the smallest acute hospitals</p> <p>% Occupancy: 93.7%</p> <p>Special Public Funding: Not Applicable</p> <p>Trauma Center Designation: Not Applicable</p> <p>Case Mix Index: 2.05&gt; statewide (1.16)</p> <p><b>Financial</b></p> <p>Inpatient NPSR per CMAD: \$14,514</p> <p>Change FY18-FY19: 27.4%</p> <p>Inpatient:Outpatient Revenue in FY19: 3%:97%</p> <p>Outpatient Revenue in FY19: \$1,135,839,801</p> <p>Change FY18-FY19: 14.3%</p> <p>Total Revenue in FY19: \$1,967,858,038</p> <p>Total Surplus (Deficit) in FY19: \$62,981,851</p>	<p><b>Payer Mix</b></p> <p>Public Payer Mix: 50.5% (Non-HPP* Hospital)</p> <p>CY18 Commercial Statewide Relative Price: 1.28</p> <p>Top 3 Commercial Payers: Blue Cross Blue Shield Harvard Pilgrim United Healthcare Insurance Company</p> <p><b>Utilization</b></p> <p>Inpatient Discharges in FY19: 1,568</p> <p>Change FY18-FY19: 20.2%</p> <p>Emergency Department Visits in FY19: 0</p> <p>Change FY18-FY19:</p> <p>Outpatient Visits in FY19: 319,280</p> <p>Change FY18-FY19: 11.4%</p> <p><b>Quality</b></p> <p>Readmission Rate in FY18: Not Available</p> <p>Change FY14-FY18 (percentage points):</p> <p>Early Elective Deliveries Rate: Not Applicable</p>
	<p>What were the most common inpatient cases (DRGs) treated at the hospital in FY19? What proportion of the region's cases did this hospital treat for each service?</p> <p>This graph has been suppressed, as the hospital provides the vast majority of its services on an outpatient basis. In FY19, the hospital reported 171,607 infusion treatments and 319,280 outpatient visits.</p>	<p>Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?</p> <p>This graph has been suppressed, as no community accounted for more than 1% of the hospital's discharges.</p>
Quality	<p>What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?</p> <p>This measure is not applicable to the patient population treated at this specialty hospital.</p>	<p>How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?</p> <p>Data is not available for these measures.</p>

# 2019 HOSPITAL PROFILE: DANA-FARBER CANCER INSTITUTE

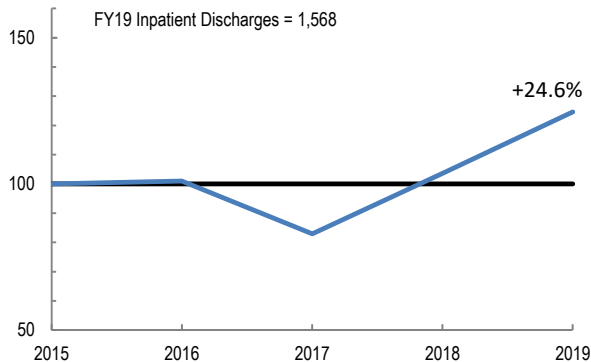
Cohort: Specialty Hospital

Key:

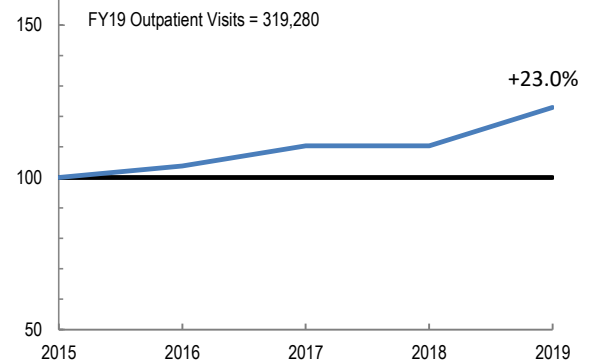


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

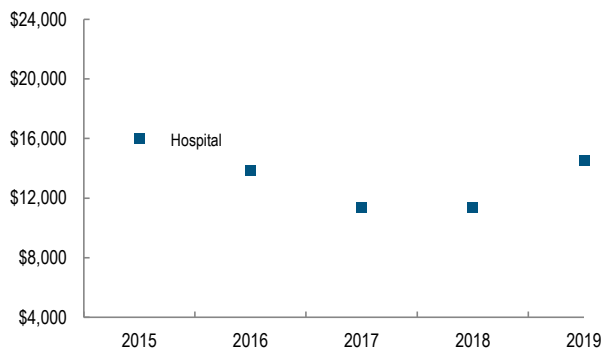


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

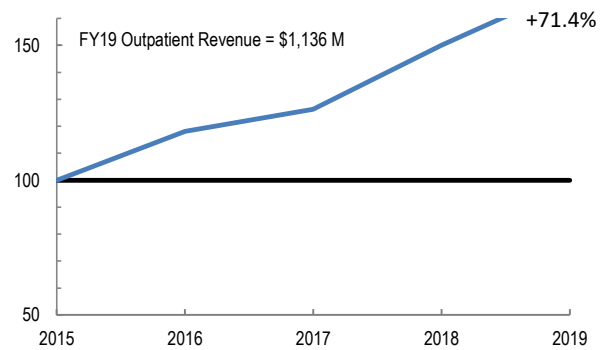


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



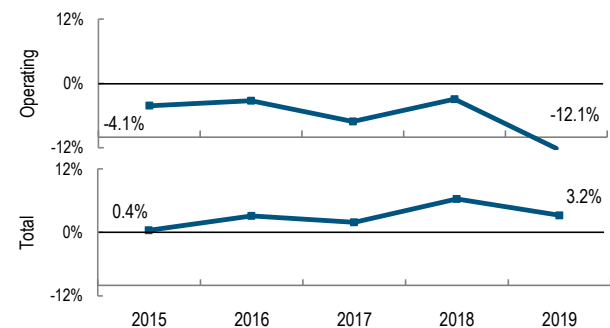
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
Operating Revenue	\$ 1,117	\$ 1,293	\$ 1,429	\$ 1,634	\$ 1,666
Non-Operating Revenue	\$ 53.2	\$ 88.1	\$ 141.4	\$ 165.0	\$ 301.9
Total Revenue	\$ 1,171	\$ 1,382	\$ 1,571	\$ 1,798	\$ 1,968
Total Costs	\$ 1,166	\$ 1,338	\$ 1,541	\$ 1,685	\$ 1,905
Total Profit (Loss)	\$ 4.7	\$ 43.3	\$ 29.9	\$ 113.1	\$ 63.0

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.



# MASSACHUSETTS EYE AND EAR INFIRMARY

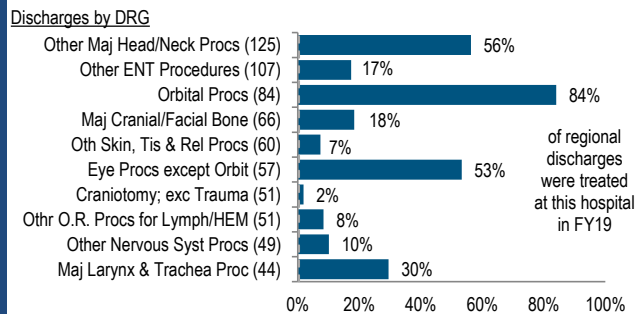
## 2019 Hospital Profile

Boston, MA  
Specialty Hospital  
Metro Boston

Massachusetts Eye and Ear Infirmary is a small, non-profit specialty hospital located in the Metro Boston region. Mass Eye and Ear provides specialized services for disorders of the eye, ear, nose, and throat, including a 24-hour emergency department for these conditions. It provides the region's only designated eye trauma center. It serves a patient population ranging in age from newborn to the elderly. Mass Eye and Ear is a teaching hospital of Harvard Medical School. Mass Eye and Ear joined Partners Health Care on 4/1/18. After reporting a profit of 15.9M in FY18, the hospital reported a \$6.5M loss in FY19 and a -2.3% total margin.

At a Glance	<b>Overview / Size</b>		<b>Payer Mix</b>	
	Hospital System Affiliation:	Partners Health Care	Public Payer Mix:	47.0% (Non-HPP* Hospital)
	Hospital System Surplus (Deficit) in FY19:	\$486,164,000	CY18 Commercial Statewide Relative Price:	0.79
	Change in Ownership (FY15-19):	Joined Partners Health Care 4/1/18	Top 3 Commercial Payers:	Blue Cross Blue Shield
	Total Staffed Beds:	41, among the smaller acute hospitals		Harvard Pilgrim
	% Occupancy:	29.9%		Tufts HMO
	Special Public Funding:	CHRTF°	<b>Utilization</b>	
	Trauma Center Designation:	Not Applicable	Inpatient Discharges in FY19:	1,175
	Case Mix Index:	1.43> statewide (1.16)	Change FY18-FY19:	-1.0%
			Emergency Department Visits in FY19:	21,629
Services	<b>Financial</b>		Change FY18-FY19:	6.1%
	Inpatient NPSR per CMAD:	\$12,329	Outpatient Visits in FY19:	359,487
	Change FY18-FY19:	-0.4%	Change FY18-FY19:	4.6%
	Inpatient:Outpatient Revenue in FY19:	8%:92%	<b>Quality</b>	
	Outpatient Revenue in FY19:	\$205,268,557	Readmission Rate in FY18:	9.3%
	Change FY18-FY19:	4.2%	Change FY14-FY18 (percentage points):	2.9
	Total Revenue in FY19:	\$283,449,000	Early Elective Deliveries Rate:	Not Applicable
	Total Surplus (Deficit) in FY19:	-\$6,482,000		

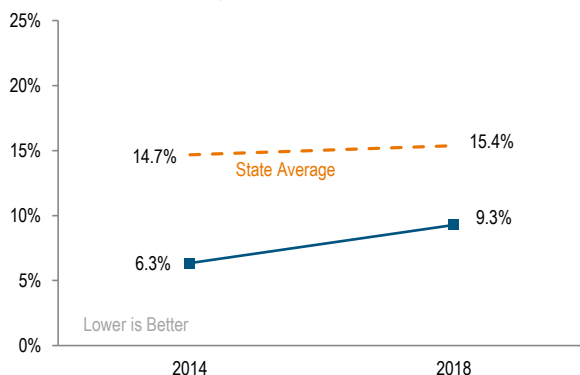
What were the most common inpatient cases (DRGs) treated at the hospital in FY19? What proportion of the region's cases did this hospital treat for each service?



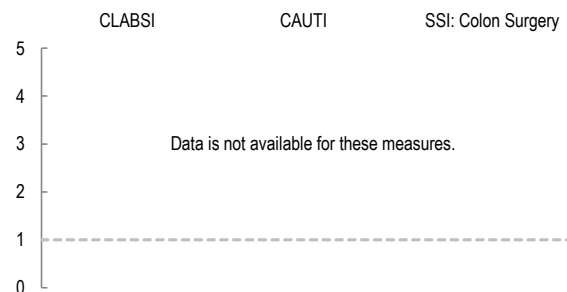
Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?

This graph has been suppressed as no single community accounted for more than 1% of the hospital's total discharges. The hospital reports that its patients are primarily from Massachusetts, but also from New England, the U.S. and in some cases the world.

What proportion of adult patient discharges from this hospital resulted in a readmission at any hospital within 30 days, and how does this compare to the state average?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



# 2019 HOSPITAL PROFILE: MASSACHUSETTS EYE AND EAR INFIRMARY

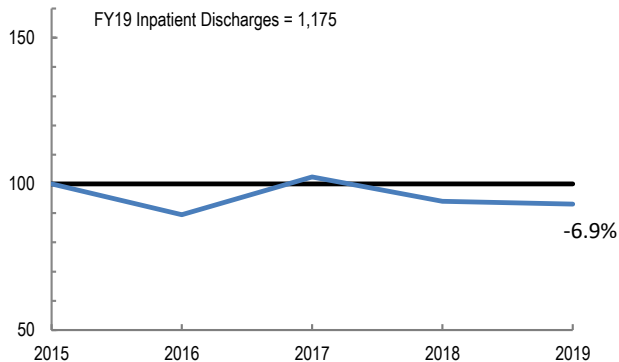
Cohort: Specialty Hospital

Key:

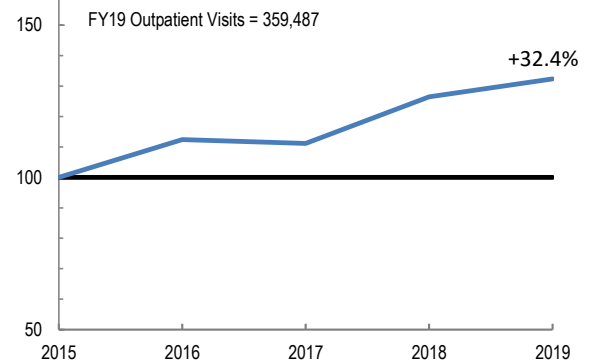


## Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

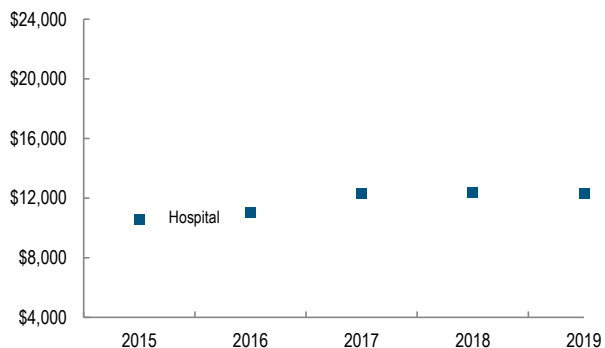


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

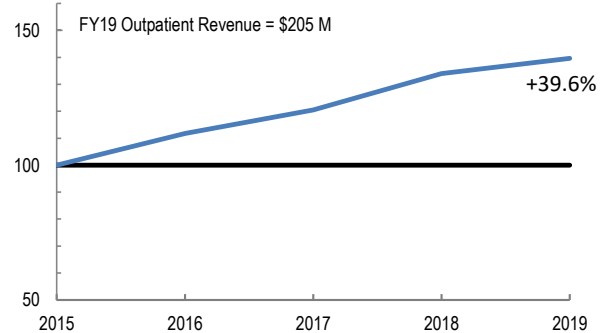


## Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



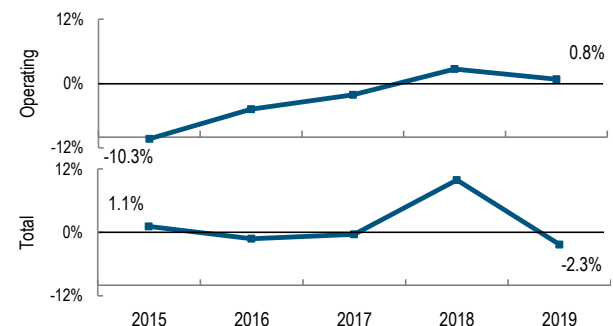
## Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

### Revenue, Cost, & Profit/Loss (in millions)

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 227.8	\$ 249.8	\$ 274.2	\$ 149.2	\$ 292.2
<b>Non-Operating Revenue</b>	\$ 29.5	\$ 9.2	\$ 4.9	\$ 11.5	\$ (8.7)
<b>Total Revenue</b>	\$ 257.3	\$ 259.1	\$ 279.1	\$ 160.7	\$ 283.4
<b>Total Costs</b>	\$ 254.3	\$ 262.2	\$ 280.1	\$ 144.9	\$ 289.9
<b>Total Profit (Loss)</b>	\$ 2.9	\$ (3.1)	\$ (1.1)	\$ 15.9	\$ (6.5)

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



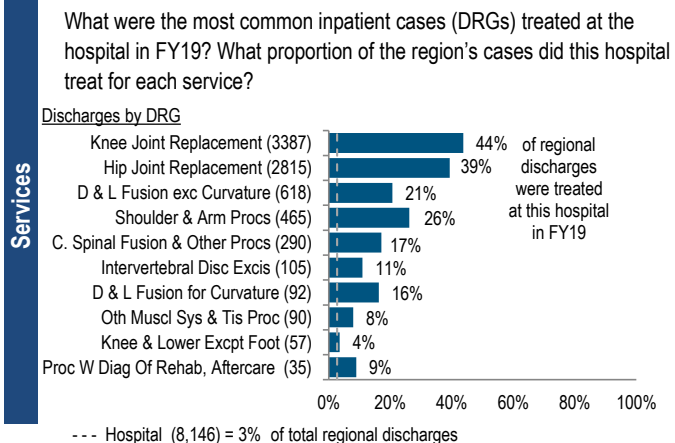
For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

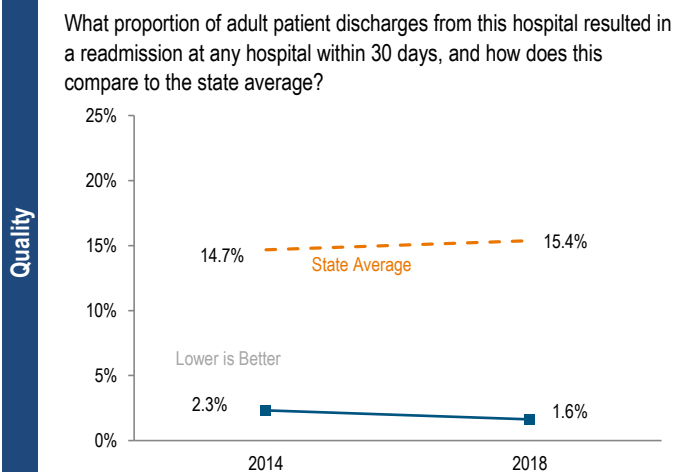
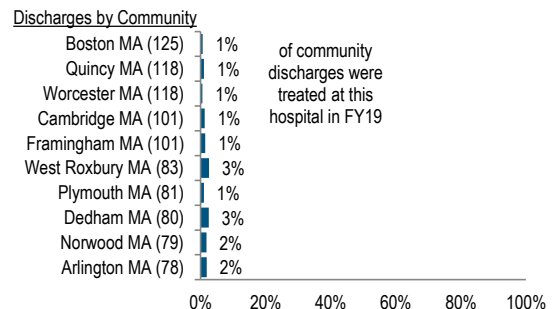
† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

New England Baptist Hospital is a non-profit specialty hospital located in the Metro Boston region. New England Baptist focuses exclusively on orthopedic and musculoskeletal conditions. It is a member of Beth Israel Lahey Health. New England Baptist Hospital is a teaching affiliate of Tufts University School of Medicine and conducts teaching programs in collaboration with the Harvard School of Public Health and the Harvard School of Medicine. New England Baptist earned a profit each year from FY15 to FY19, with a total margin of 4.2% in FY19.

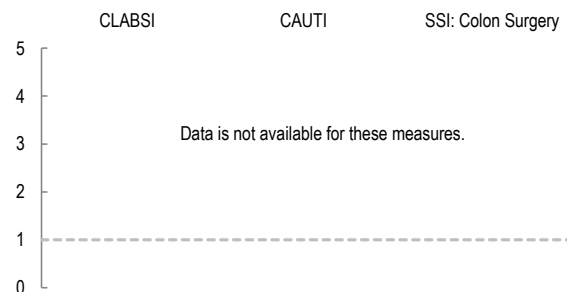
At a Glance	<b>Overview / Size</b>	
	Hospital System Affiliation:	Beth Israel Lahey Health
	Hospital System Surplus (Deficit) in FY19:	\$102,634,000
	Change in Ownership (FY15-19):	Beth Israel Lahey Health 3/1/19
	Total Staffed Beds:	98, among the smaller acute hospitals
	% Occupancy:	52.7%
	Special Public Funding:	CHRTF°
	Trauma Center Designation:	Not Applicable
	Case Mix Index:	1.41, < cohort avg. (2.40); > statewide (1.16)
	<b>Financial</b>	
	Inpatient NPSR per CMAD:	\$14,759
	Change FY18-FY19:	1.9%
	Inpatient:Outpatient Revenue in FY19:	63%:37%
	Outpatient Revenue in FY19:	\$56,394,691
	Change FY18-FY19:	6.3%
	Total Revenue in FY19:	\$142,288,000
	Total Surplus (Deficit) in FY19:	\$6,046,000
	<b>Payer Mix</b>	
	Public Payer Mix:	48.6% (Non-HPP* Hospital)
	CY18 Commercial Statewide Relative Price:	0.85
	Top 3 Commercial Payers:	Blue Cross Blue Shield Harvard Pilgrim Tufts HMO
	<b>Utilization</b>	
	Inpatient Discharges in FY19:	8,146
	Change FY18-FY19:	-4.9%
	Emergency Department Visits in FY19:	0
	Change FY18-FY19:	
	Outpatient Visits in FY19:	116,497
	Change FY18-FY19:	4.5%
	<b>Quality</b>	
	Readmission Rate in FY18:	1.6%
	Change FY14-FY18 (percentage points):	-0.7
	Early Elective Deliveries Rate:	Not Available



Where did most of the hospital's inpatients reside? What proportion of each community's total discharges was attributed to this hospital?



How many central line-associated blood stream infections (CLABSI), catheter-associated urinary tract infections (CAUTI), and surgical site infections (SSI) after colon surgery did patients get at this hospital compared to what was expected based on the hospital's characteristics and case mix?



## 2019 HOSPITAL PROFILE: NEW ENGLAND BAPTIST HOSPITAL

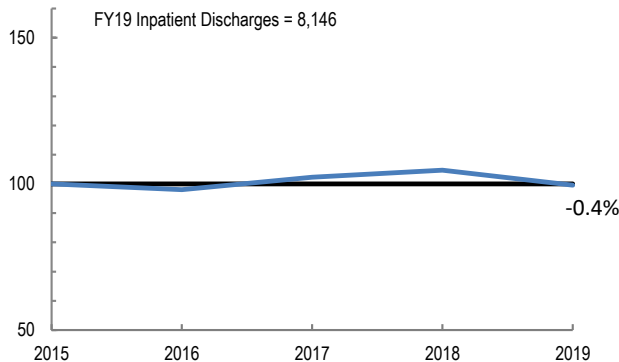
Cohort: Specialty Hospital

Key:

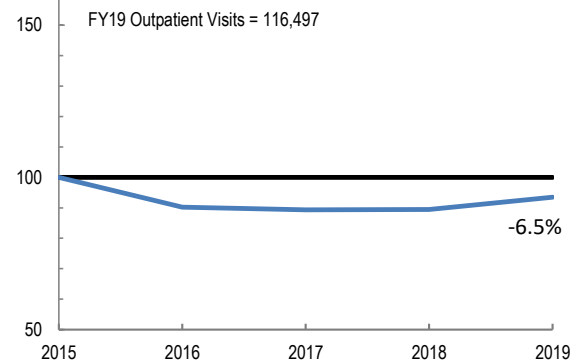


### Utilization

How has the volume of the hospital's inpatient discharges changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

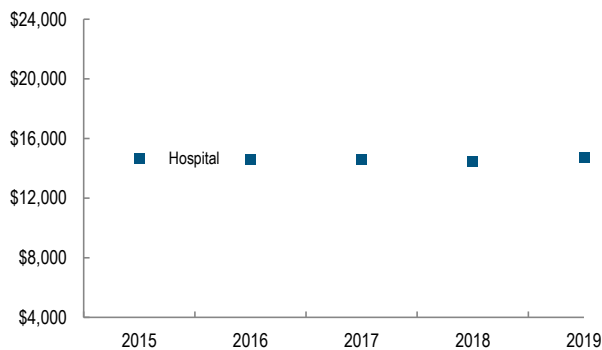


How has the volume of the hospital's outpatient visits changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)

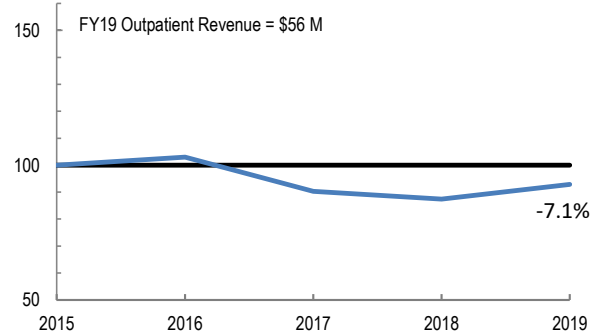


### Patient Revenue Trends

What was the hospital's net inpatient service revenue per case mix adjusted discharge between FY15 and FY19, and how does this compare to the hospital's peer cohort median?



How has the hospital's net outpatient revenue changed compared to FY15, and how does this compare to the hospital's peer cohort median? (FY15=100)



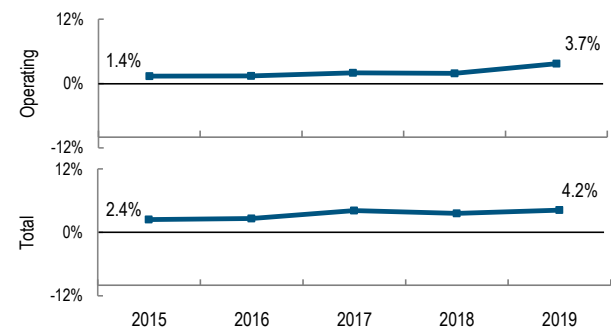
### Financial Performance

How have the hospital's total revenue and costs changed between FY15 and FY19?

Revenue, Cost, & Profit/Loss (in millions)\*\*

FY	2015	2016	2017	2018	2019
<b>Operating Revenue</b>	\$ 242.1	\$ 239.6	\$ 239.0	\$ 241.9	\$ 141.5
<b>Non-Operating Revenue</b>	\$ 2.5	\$ 2.7	\$ 5.2	\$ 4.2	\$ 0.8
<b>Total Revenue</b>	\$ 244.6	\$ 242.4	\$ 244.2	\$ 246.1	\$ 142.3
<b>Total Costs</b>	\$ 238.7	\$ 236.1	\$ 234.1	\$ 237.2	\$ 136.2
<b>Total Profit (Loss)</b>	\$ 5.9	\$ 6.2	\$ 10.1	\$ 8.9	\$ 6.0

What were the hospital's total margin and operating margins between FY15 and FY19, and how do these compare to the hospital's peer cohort medians?



For descriptions of the metrics, please see the technical appendix.

\* High Public Payer Hospitals (HPP) receive a minimum of 63% of gross patient service revenue from public payers.

† For more information on Community Hospital Reinvestment Trust Fund (CHRTF) special funding, please contact the Massachusetts Executive Office of Health and Human Services (EOHHS).

\*\* FY19 data reflects the seven months of data after the merger to Beth Israel Lahey Health.

# Acute Specialty Hospitals - Shriners Hospitals for Children

## 2019 Hospital Profile

**Shriners Hospital for Children** is a health care system dedicated to pediatric specialty care, research and teaching programs for medical professionals. Children up to age 18 with orthopedic conditions, burns, spinal cord injuries and cleft lip and palate are eligible for care and receive all services regardless of the families' ability to pay. The hospital system was founded by Shriners International, a fraternity with nearly 200 chapters and thousands of clubs around the world. Shriners Hospitals for Children has 22 facilities in the United States, Canada, and Mexico.

**Shriners Hospital for Children - Boston** is a 30-bed pediatric specialty hospital, research, and teaching center located in Boston. It treats children with severe burn injuries, complex skin conditions, reconstructive and plastic surgery needs, and cleft lip and palate. It is the only exclusively pediatric, verified burn center in New England. Forty-eight percent of its revenue comes from inpatient services, and the hospital reported 117 inpatient discharges in FY19, 24% less than in the prior year. Its most prominent cases in the region were partial thickness burns with or without skin graft and skin graft for skin and subcutaneous tissue diagnoses.

**Shriners Hospital for Children - Springfield** is a 40-bed pediatric specialty acute care hospital dedicated to providing inpatient and outpatient specialty care for orthopedic and developmental conditions including scoliosis, clubfoot, cerebral palsy, spina bifida, cleft lip and palate, rheumatology, and others. Following a strategic plan developed in 2015, the hospital has reinvested in its core service line of pediatric orthopedics and initiated new services including post-acute fracture care management, sports health and medicine, and urology. Thirty-four percent of its revenue comes from inpatient services, and it had 159 inpatient discharges in FY19, a 12% increase from FY18.

**Shriners Hospitals for Children - Boston**  
Boston, MA

At a Glance		Payer Mix	
TOTAL STAFFED BEDS:	30	What was the hospital's overall payer mix (gross charges) and how does this hospital compare to the average acute hospital's payer mix?	
% OCCUPANCY:	16.35%		
INPATIENT DISCHARGES in FY19:	117		
PUBLIC PAYER MIX:	30.3%		
CASE MIX INDEX:	5.02		
TAX STATUS:	Non-profit		
INPATIENT:OUTPATIENT REVENUE in FY19:	48%:52%		
INPATIENT COST PER CMAD:	\$35,419		
CHANGE in OWNERSHIP (FY15-FY19):	N/A		

Shriners Boston		Average Acute Hospital
65%	Commercial & Other*	37%
35%	State Programs	19%
0%	Medicare and Other Federal Programs	45%

	FY16	FY17	FY18	FY19
Average Length of Stay	11.8	13.5	11.3	15.3
Inpatient Discharges	223	198	154	117
Outpatient Visits	6,608	6,383	6,157	6,297

Revenue, Cost, & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2016	\$5.2	\$5.2	\$0.0	\$41.5	
2017	\$2.5	\$2.5	\$0.0	\$43.7	See Note
2018	\$8.4	\$8.4	\$0.0	\$40.1	
2019	\$9.0	\$9.0	\$0.0	\$42.1	

**Shriners Hospitals for Children - Springfield**  
Springfield, MA

At a Glance		Payer Mix	
TOTAL STAFFED BEDS:	40	What was the hospital's overall payer mix (gross charges) and how does this hospital compare to the average acute hospital's payer mix?	
% OCCUPANCY:	7.50%		
INPATIENT DISCHARGES in FY19:	159		
PUBLIC PAYER MIX:	46.5%		
CASE MIX INDEX:	2.00		
TAX STATUS:	Non-profit		
INPATIENT:OUTPATIENT REV. in FY19	34%:66%		
INPATIENT COST PER CMAD:	\$44,365		
CHANGE in OWNERSHIP (FY15-FY19):	N/A		

Shriners Springfield		Average Acute Hospital
47%	Commercial & Other*	37%
53%	State Programs	19%
0%	Medicare and Other Federal Programs	45%

	FY16	FY17	FY18	FY19
Average Length of Stay	4.5	4.4	5.2	6.9
Inpatient Discharges	91	134	142	159
Outpatient Visits	13,765	16,593	17,020	16,740

Revenue, Cost, & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2016	\$8.8	\$8.8	\$0.0	\$18.6	
2017	\$13.5	\$13.5	\$0.0	\$22.8	See Note
2018	\$12.2	\$12.2	\$0.0	\$24.1	
2019	\$12.9	\$12.9	\$0.0	\$24.8	

Note: Shriners Hospital Boston (SHB) and Shriners Hospital Springfield (SHS) are part of the national Shriners Hospitals for Children system (SHC) and are reliant upon support from the SHC endowment to cover the costs associated with fulfilling their mission to provide care to patients regardless of their ability to pay. This support is provided through transfers from the SHC's endowment to the hospitals, as these transfers are not considered revenue for the purpose of calculating profitability margin, SHB's and SHS's profitability margins are not comparable to other acute hospitals.

\*A significant portion of Other Charges are supported through the SHC Endowment.

# INTRODUCTION TO NON-ACUTE HOSPITAL PROFILES

**Non-acute hospitals** in Massachusetts are typically identified as psychiatric, rehabilitation, and chronic care facilities. CHIA has defined non-acute hospitals in this publication using the Massachusetts Department of Public Health (DPH) and Department of Mental Health (DMH) license criteria. When presenting trends for utilization, costs, and financial performance, CHIA has provided baseline data for each hospital's cohort as a point of comparison.

Specialty non-acute hospitals are not considered a cohort; however, individual specialty non-acute hospital profiles are available.

**Psychiatric hospitals** are licensed by DMH for psychiatric services and by DPH for substance abuse services.

## Psychiatric Hospital Cohort ..... page B1

Arbour Hospital	Southcoast Behavioral Hospital
Arbour-Fuller Hospital	Taravista Behavioral Health
Arbour-HRI Hospital	Walden Behavioral Care
Bournewood Hospital	Westborough Behavioral HeathCare Hospital
Haverhill Pavilion Behavioral Health Hospital	Westwood Lodge Pembroke
McLean Hospital	

**Rehabilitation hospitals** provide intensive post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, the federal government classifies hospitals as rehabilitation hospitals if they provide more than 60% of their inpatient services to patients with one or more of 13 diagnoses listed in federal regulations.

## Rehabilitation Hospital Cohort ..... page B2

Ecompass Health Rehabilitation Hospital of Braintree	Spaulding Rehabilitation Hospital Boston
Encompass Health Rehabilitation Hospital of New England	Spaulding Rehabilitation Hospital of Cape Cod
Encompass Health Rehabilitation Hospital of Western Massachusetts	Vibra Hospital of Southeastern Massachusetts
Fairlawn Rehabilitation Hospital, an affiliate of Encompass Health	Whittier Rehabilitation Hospital Bradford
	Whittier Rehabilitation Hospital Westborough

**Chronic care hospitals** are hospitals with an average length of patient stay greater than 25 days. These hospitals typically provide longer-term care, such as ventilator dependent care. Medicare classifies chronic hospitals as Long-Term Care Hospitals, using the same 25-day threshold.

## Chronic Care Hospital Cohort ..... page B3

Curahealth Stoughton	Spaulding Hospital Cambridge
New England Sinai Hospital	Vibra Hospital of Western Massachusetts



Specialty Non-Acute Hospital ..... page B4

AdCare Hospital of Worcester  
Franciscan Hospital for Children

Hebrew Rehabilitation Hospital

Department of Health ..... page B5 and B6

Department of Mental Health Hospitals

Cape Cod and Islands Community Mental Health Center  
Corrigan Mental Health Center  
Solomon Carter Fuller Mental Health Center  
Taunton State Hospital  
Worcester State Hospital

Department of Public Health Hospitals

Lemuel Shattuck Hospital  
Pappas Rehabilitation Hospital for Children  
Tewksbury Hospital  
Western Massachusetts Hospital

For detailed descriptions of the data sources and metrics used in the non-acute hospital profiles, please see the [technical appendix](#).

# HOW TO READ NON-ACUTE HOSPITAL COHORT PROFILES – FISCAL YEAR 2019

This sheet provides a brief introduction to the metrics on the non-acute hospital cohort-level profiles. Definitions and notes on all metrics are available in the [technical appendix](#).

## REHABILITATION HOSPITALS

### 2019 Hospital Profile

Rehabilitation hospitals provide intensive, post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, hospitals are classified as rehabilitation hospitals if they provide more than 60% of their inpatient services to patients with one or more of 13 diagnoses listed in the federal regulations. The nine rehabilitation hospitals were responsible for 76% of chronic and rehabilitation cases in FY19, while other non-acute hospitals accounted for 16% and acute hospitals accounted for 7% of rehabilitation discharges. Six of the nine rehabilitation hospitals were profitable in FY19. Inpatient days increased 3% between FY15 and FY19 at rehabilitation hospitals, while outpatient visits increased 12% between FY15 and FY19.

#### Hospitals in Cohort:

Encompass Health Rehabilitation Hospital of Braintree	Spaulding Rehabilitation Hospital Cape Cod
Encompass Health Rehabilitation Hospital of Western Massachusetts	Vibra Hospital of Southeastern Massachusetts
Encompass Health Rehabilitation Hospital of New England	Whittier Rehabilitation Hospital Bradford
Fairlawn Rehabilitation Hospital, an affiliate of Encompass Health	Whittier Rehabilitation Hospital Westborough
Spaulding Rehabilitation Hospital Boston	

#### Total Beds:

990 (26.7% of total non-acute hospitals)

#### Average Public Payer Mix:

78.6%, > total non-acute hospitals (77.3%)

#### Median % Occupancy:

70.8%, < total non-acute hospitals (79.5%)

#### Total Gross Patient Service Revenue:

\$987 million (34.8% of total non-acute hospitals)

#### Total Inpatient Days:

239,409 (23.0% of total non-acute hospitals)

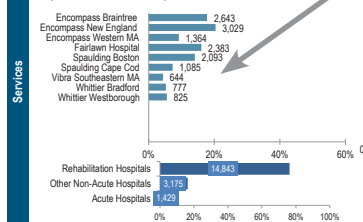
#### Inpatient/Outpatient Gross Patient Service Revenue:

82%:18% (total non-acute hospitals = 86%:14%)

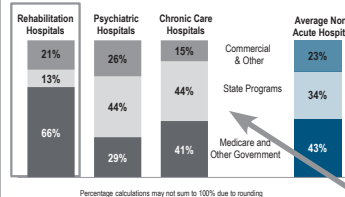
#### Total Inpatient Discharges:

14,843 (24.1% of total non-acute hospitals)

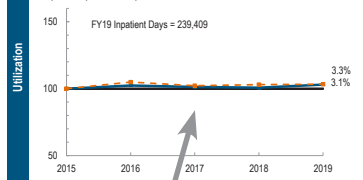
What proportion of total non-acute hospitals chronic/rehab discharges was attributed to each of the cohort's hospitals in FY19? Overall, what proportions of total chronic/rehab discharges were attributed to acute, hospitals and non-acute hospitals?



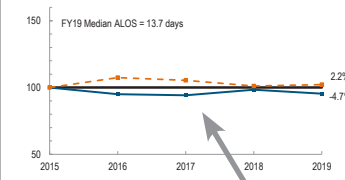
What was this cohort's average payer mix (gross revenues) in FY19, and how does this compare to that of other non-acute hospital cohorts and the average non-acute hospital?



How has the volume of this cohort's inpatient days changed compared to FY15, and how does this compare to that of other non-acute hospitals? (FY15=100)



How has the cohort's median average length of stay (ALOS) changed compared to FY15, and how does this compare to that of other non-acute hospitals? (FY15=100)



For descriptions of the metrics, please see Technical Appendix.

## List of hospitals in cohort

## Inpatient cases

Each cohort hospital's proportion of cohort-type discharges statewide (e.g., rehabilitation hospital's proportion of total chronic and rehabilitation discharges) for FY19 are displayed in the top graph. Note that some cohort hospitals treat other types of cases as well.

The bottom graph shows the cohort hospitals' total number of discharges for the cohort type, and compares it to the number of discharges of that type that come from other non-acute hospitals and from acute hospitals.

## Payer mix

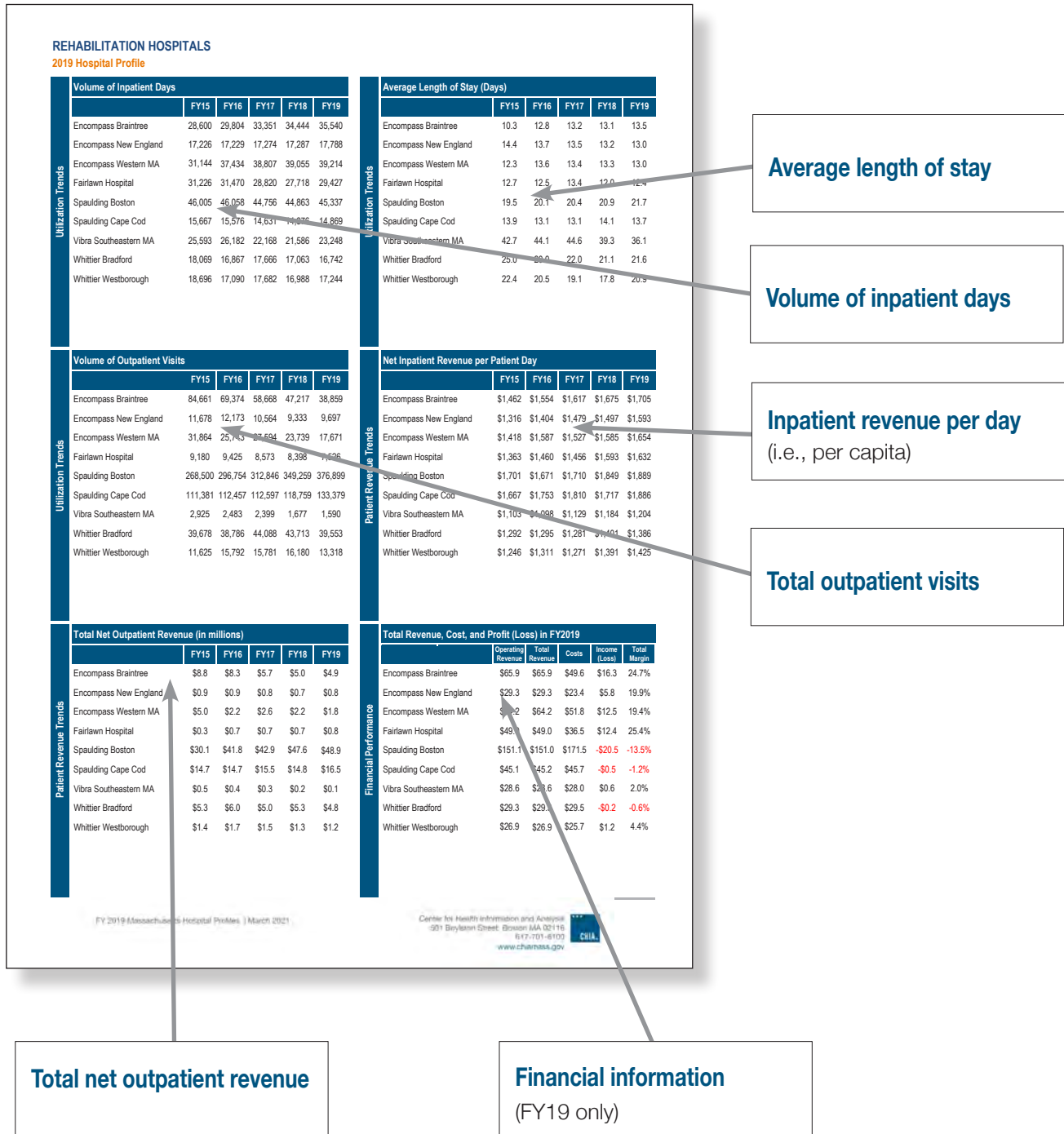
The cohort's average share of business from federal, state, and commercial payers is outlined. The average payer mix for all non-acute hospitals and for each of the other non-acute hospital cohorts is shown for comparison.

## Change in volume of inpatient days

## Change in the median of the cohort hospitals' average length of stay

# HOW TO READ NON-ACUTE HOSPITAL COHORT PROFILES – FISCAL YEAR 2019

Utilization, cost, revenue, and financial data from FY15 to FY19 is presented for each hospital in the given non-acute hospital cohort in the tables below.

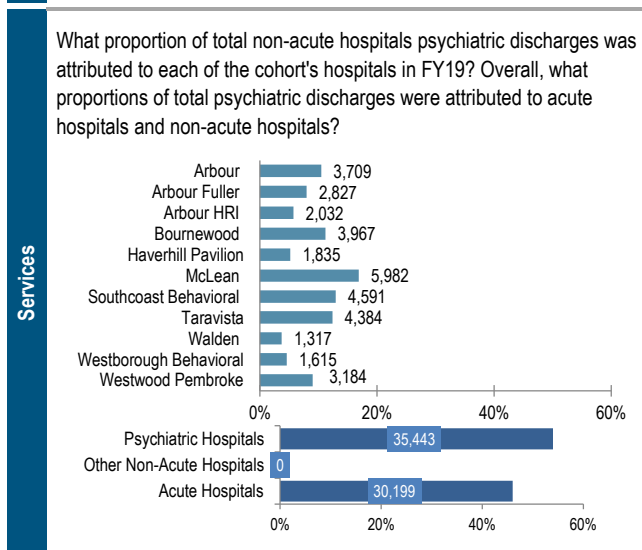


# PSYCHIATRIC HOSPITALS

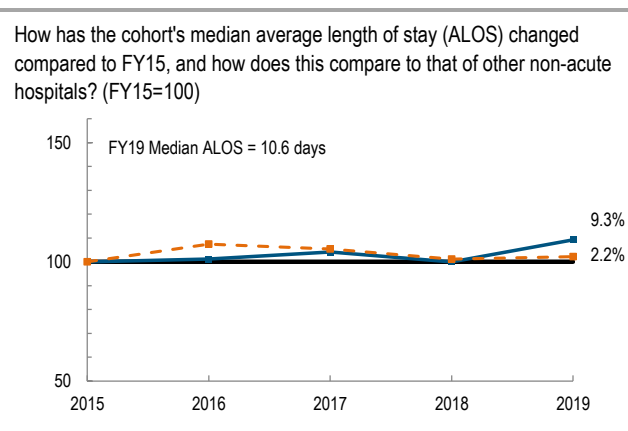
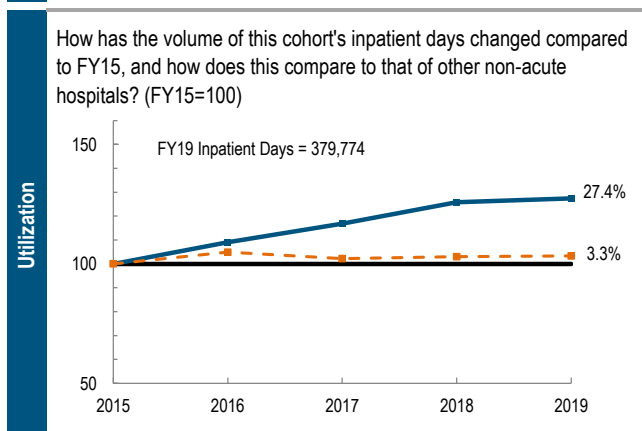
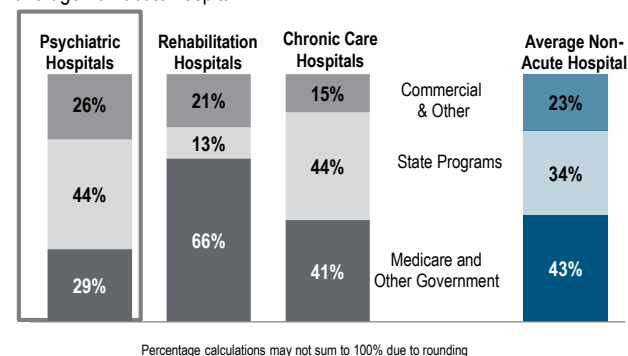
## 2019 Hospital Profile

Psychiatric hospitals are licensed by the Department of Mental Health (DMH) for psychiatric services, and by the Department of Public Health (DPH) for substance abuse services. Psychiatric hospitals offer mental health services, substance abuse disorder treatments, and inpatient, outpatient, and partial hospitalization. 54% of psychiatric patient discharges in FY19 were from psychiatric hospitals, while 46% of psychiatric discharges were from acute hospitals. Six of the eleven psychiatric hospitals earned a profit in FY19. High Point Hospital closed in FY19 and Hospital for Behavioral Medicine, a new psychiatric hospital opened in FY19 with first data reporting for FY20.

At a Glance	<b>Hospitals in Cohort:</b>	
	Arbour Hospital	Southcoast Behavioral Hospital
	Arbour Fuller Hospital	Taravista Behavioral Health
	Arbour HRI Hospital	Walden Behavioral Care
	Bournewood Hospital	Westborough Behavioral Healthcare Hospital
	Haverhill Pavilion Behavioral Health Hospital	Westwood Lodge Pembroke
	McLean Hospital	
	<b>Total Beds:</b>	
	1,233 (33.2% of total non-acute hospitals)	73.7%, < total non-acute hospitals (77.3%)
	<b>Median % Occupancy:</b>	
	91.2%, > total non-acute hospitals (79.5%)	<b>Total Gross Patient Service Revenue:</b>
	<b>Total Inpatient Days:</b>	
	379,774 (36.5% of total non-acute hospitals)	<b>Inpatient: Outpatient Gross Patient Service Revenue:</b>
	<b>Total Inpatient Discharges:</b>	
	35,443 (57.5% of total non-acute hospitals)	87%:13% (total non-acute hospitals = 86%:14%)



What was this cohort's average payer mix (gross revenues) in FY19, and how does this compare to that of other non-acute hospital cohorts and the average non-acute hospital?



For descriptions of the metrics, please see Technical Appendix.

Key:  
 — Cohort  
 - - - Total Non-Acute

# PSYCHIATRIC HOSPITALS

## 2019 Hospital Profile

Utilization Trends	Volume of Inpatient Days					
		FY15	FY16	FY17	FY18	FY19
	Arbour	42,121	39,681	45,926	46,648	46,287
	Arbour Fuller	31,014	32,239	33,846	35,683	35,686
	Arbour HRI	19,280	20,898	21,303	21,720	21,582
	Bournewood	31,495	31,819	31,613	31,242	33,855
	Haverhill Pavilion	18,806	20,336	18,959	20,249	18,740
	McLean	59,988	65,845	69,022	71,044	72,915
	Southcoast Behavioral	#	23,139	33,010	40,156	47,186
	Taravista	^	^	8,568	27,540	37,277
Utilization Trends	Average Length of Stay (Days)					
		FY15	FY16	FY17	FY18	FY19
	Arbour	11.8	11.9	12.2	11.3	12.5
	Arbour Fuller	11.9	12.0	12.6	11.8	12.6
	Arbour HRI	9.4	9.6	9.5	9.8	10.6
	Bournewood	8.3	8.5	8.8	8.2	8.5
	Haverhill Pavilion	10.1	8.8	8.4	9.6	10.2
	McLean	10.4	10.9	10.9	11.5	12.2
	Southcoast Behavioral	#	10.1	10.6	9.2	10.3
	Taravista	^	^	7.8	9.2	8.5
Utilization Trends	Volume of Outpatient Visits					
		FY15	FY16	FY17	FY18	FY19
	Arbour	40,470	38,934	40,979	45,908	54,754
	Arbour Fuller	18,410	22,071	24,955	27,127	28,653
	Arbour HRI	13,493	20,956	22,325	18,240	19,888
	Bournewood	27,593	29,322	30,301	30,915	38,179
	Haverhill Pavilion	5,338	7,687	7,886	7,367	0
	McLean	115,719	107,208	105,599	97,282	100,933
	Southcoast Behavioral	#	0	0	0	0
	Taravista	^	^	0	0	0
Patient Revenue Trends	Net Inpatient Revenue per Patient Day					
		FY15	FY16	FY17	FY18	FY19
	Arbour	\$728	\$782	\$730	\$744	\$754
	Arbour Fuller	\$644	\$651	\$688	\$779	\$820
	Arbour HRI	\$743	\$819	\$722	\$817	\$800
	Bournewood	\$753	\$817	\$829	\$858	\$903
	Haverhill Pavilion	\$834	\$920	\$940	\$929	\$892
	McLean	\$1,184	\$1,238	\$1,260	\$1,257	\$1,257
	Southcoast Behavioral	#	\$770	\$817	\$835	\$831
	Taravista	^	^	\$973	\$778	\$846
Patient Revenue Trends	Total Net Outpatient Revenue (in millions)					
		FY15	FY16	FY17	FY18	FY19
	Arbour	\$6.4	\$5.2	\$5.7	\$6.5	\$7.0
	Arbour Fuller	\$4.8	\$5.0	\$5.6	\$6.0	\$6.8
	Arbour HRI	\$5.0	\$4.8	\$5.3	\$5.4	\$6.1
	Bournewood	\$4.3	\$2.7	\$2.8	\$2.8	\$3.4
	Haverhill Pavilion	\$0.6	\$1.1	\$1.1	\$1.0	\$0.0
	McLean	\$45.4	\$50.0	\$48.5	\$44.2	\$47.1
	Southcoast Behavioral	#	0	0	0	0
	Taravista	^	^	0	0	0
Financial Performance	Total Revenue, Cost, and Profit (Loss) in FY2019					
		Operating Revenue	Total Revenue	Costs	Income (Loss)	Total Margin
	Arbour	\$42.8	\$42.8	\$42.7	\$0.2	0.4%
	Arbour Fuller	\$37.1	\$37.1	\$29.8	\$7.2	19.5%
	Arbour HRI	\$23.7	\$23.7	\$21.9	\$1.8	7.7%
	Bournewood	\$35.2	\$37.9	\$32.6	\$5.3	13.9%
	Haverhill Pavilion	\$16.7	\$16.7	\$18.0	-\$1.3	-8.1%
	McLean	\$205.9	\$205.9	\$250.2	-\$44.3	-21.5%
	Southcoast Behavioral	\$39.9	\$39.9	\$32.6	\$7.3	18.3%
	Taravista	\$32.9	\$32.9	\$34.9	-\$2.0	-6.1%
Financial Performance	Total Revenue, Cost, and Profit (Loss) in FY2019					
		Operating Revenue	Total Revenue	Costs	Income (Loss)	Total Margin
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	Arbour Fuller	\$37.1	\$37.1	\$29.8	\$7.2	19.5%
	Arbour HRI	\$23.7	\$23.7	\$21.9	\$1.8	7.7%
	Bournewood	\$35.2	\$37.9	\$32.6	\$5.3	13.9%
	Haverhill Pavilion	\$16.7	\$16.7	\$18.0	-\$1.3	-8.1%
	McLean	\$205.9	\$205.9	\$250.2	-\$44.3	-21.5%
	Southcoast Behavioral	\$39.9	\$39.9	\$32.6	\$7.3	18.3%
	Taravista	\$32.9	\$32.9	\$34.9	-\$2.0	-6.1%
Financial Performance	Total Revenue, Cost, and Profit (Loss) in FY2019					
		Operating Revenue	Total Revenue	Costs	Income (Loss)	Total Margin
	Arbour	\$42.8	\$42.8	\$42.7	\$0.2	0.4%
	Arbour Fuller	\$37.1	\$37.1	\$29.8	\$7.2	19.5%
	Arbour HRI	\$23.7	\$23.7	\$21.9	\$1.8	7.7%
	Bournewood	\$35.2	\$37.9	\$32.6	\$5.3	13.9%
	Haverhill Pavilion	\$16.7	\$16.7	\$18.0	-\$1.3	-8.1%
	McLean	\$205.9	\$205.9	\$250.2	-\$44.3	-21.5%
	Southcoast Behavioral	\$39.9	\$39.9	\$32.6	\$7.3	18.3%
	Taravista	\$32.9	\$32.9	\$34.9	-\$2.0	-6.1%
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		Operating Revenue	Total Revenue	Costs	Income (Loss)	Total Margin
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	Arbour HRI	\$23.7	\$23.7	\$21.9	\$1.8	7.7%
	Bournewood	\$35.2	\$37.9	\$32.6	\$5.3	13.9%
	Haverhill Pavilion	\$16.7	\$16.7	\$18.0	-\$1.3	-8.1%
	McLean	\$205.9	\$205.9	\$250.2	-\$44.3	-21.5%
	Southcoast Behavioral	\$39.9	\$39.9	\$32.6	\$7.3	18.3%
	Taravista	\$32.9	\$32.9	\$34.9	-\$2.0	-6.1%
Financial Performance	Total Revenue, Cost, and Profit (Loss) in FY2019					
		Operating Revenue	Total Revenue	Costs	Income (Loss)	Total Margin
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	Arbour Fuller	\$37.1	\$37.1	\$29.8	\$7.2	19.5%
	Arbour HRI	\$23.7	\$23.7	\$21.9	\$1.8	7.7%
	Bournewood	\$35.2	\$37.9	\$32.6	\$5.3	13.9%
	Haverhill Pavilion	\$16.7	\$16.7	\$18.0	-\$1.3	-8.1%
	McLean	\$205.9	\$205.9	\$250.2	-\$44.3	-21.5%
	Southcoast Behavioral	\$39.9	\$39.9	\$32.6	\$7.3	18.3%
	Taravista	\$32.9	\$32.9	\$34.9	-\$2.0	-6.1%
Financial Performance	Total Revenue, Cost, and Profit (Loss) in FY2019					
		Operating Revenue	Total Revenue	Costs	Income (Loss)	Total Margin
	Arbour	\$42.8	\$42.8	\$42.7	\$0.2	0.4%
	Arbour Fuller	\$37.1	\$37.1	\$29.8	\$7.2	19.5%
	Arbour HRI	\$23.7	\$23.7	\$21.9	\$1.8	7.7%
	Bournewood	\$35.2	\$37.9	\$32.6	\$5.3	13.9%
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	Southcoast Behavioral	\$39.9	\$39.9	\$32.6	\$7.3	18.3%
	Taravista	\$32.9	\$32.9	\$34.9	-\$2.0	-6.1%
Financial Performance	Total Revenue, Cost, and Profit (Loss) in FY2019					

# REHABILITATION HOSPITALS

## 2019 Hospital Profile

Rehabilitation hospitals provide intensive, post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, hospitals are classified as rehabilitation hospitals if they provide more than 60% of their inpatient services to patients with one or more of 13 diagnoses listed in the federal regulations. The nine rehabilitation hospitals were responsible for 76% of chronic and rehabilitation cases in FY19, while other non-acute hospitals accounted for 16% and acute hospitals accounted for 7% of rehabilitation discharges. Six of the nine rehabilitation hospitals were profitable in FY19. Inpatient days increased 3% between FY15 and FY19 at rehabilitation hospitals, while outpatient visits increased 12% between FY15 and FY19.

### Hospitals in Cohort:

Encompass Health Rehabilitation Hospital of Braintree	Spaulding Rehabilitation Hospital Cape Cod
Encompass Health Rehabilitation Hospital of Western Massachusetts	Vibra Hospital of Southeastern Massachusetts
Encompass Health Rehabilitation Hospital of New England	Whittier Rehabilitation Hospital Bradford
Fairlawn Rehabilitation Hospital, an affiliate of Encompass Health	Whittier Rehabilitation Hospital Westborough
Spaulding Rehabilitation Hospital Boston	

At a Glance

### Total Beds:

990 (26.7% of total non-acute hospitals)

### Median % Occupancy:

70.8%, < total non-acute hospitals (79.5%)

### Total Inpatient Days:

239,409 (23.0% of total non-acute hospitals)

### Total Inpatient Discharges:

14,843 (24.1% of total non-acute hospitals)

### Average Public Payer Mix:

78.6%, > total non-acute hospitals (77.3%)

### Total Gross Patient Service Revenue:

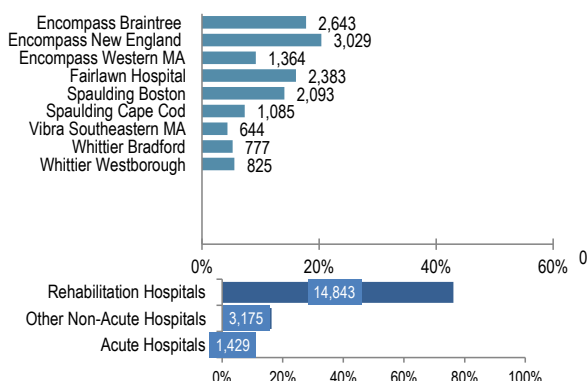
\$987 million (34.8% of total non-acute hospitals)

### Inpatient:Outpatient Gross Patient Service Revenue:

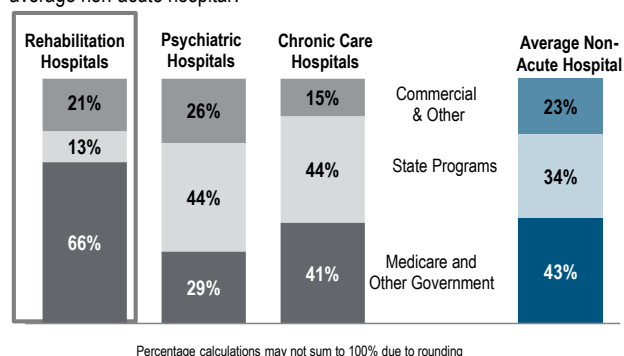
82%:18% (total non-acute hospitals = 86%:14%)

Services

What proportion of total non-acute hospitals chronic/rehab discharges was attributed to each of the cohort's hospitals in FY19? Overall, what proportions of total chronic/rehab discharges were attributed to acute hospitals and non-acute hospitals?

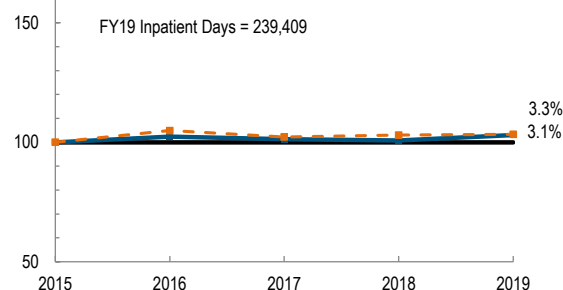


What was this cohort's average payer mix (gross revenues) in FY19, and how does this compare to that of other non-acute hospital cohorts and the average non-acute hospital?

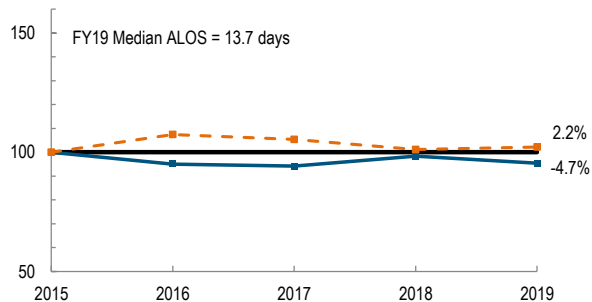


Utilization

How has the volume of this cohort's inpatient days changed compared to FY15, and how does this compare to that of other non-acute hospitals? (FY15=100)



How has the cohort's median average length of stay (ALOS) changed compared to FY15, and how does this compare to that of other non-acute hospitals? (FY15=100)



For descriptions of the metrics, please see Technical Appendix.

Key:

— Cohort — Total Non-Acute

# REHABILITATION HOSPITALS

## 2019 Hospital Profile

Utilization Trends	Volume of Inpatient Days					
		FY15	FY16	FY17	FY18	FY19
	Encompass Braintree	28,600	29,804	33,351	34,444	35,540
	Encompass New England	17,226	17,229	17,274	17,287	17,788
	Encompass Western MA	31,144	37,434	38,807	39,055	39,214
	Fairlawn Hospital	31,226	31,470	28,820	27,718	29,427
	Spaulding Boston	46,005	46,058	44,756	44,863	45,337
	Spaulding Cape Cod	15,667	15,576	14,631	14,876	14,869
	Vibra Southeastern MA	25,593	26,182	22,168	21,586	23,248
	Whittier Bradford	18,069	16,867	17,666	17,063	16,742
	Whittier Westborough	18,696	17,090	17,682	16,988	17,244

Utilization Trends	Volume of Outpatient Visits					
		FY15	FY16	FY17	FY18	FY19
	Encompass Braintree	84,661	69,374	58,668	47,217	38,859
	Encompass New England	11,678	12,173	10,564	9,333	9,697
	Encompass Western MA	31,864	25,743	27,594	23,739	17,671
	Fairlawn Hospital	9,180	9,425	8,573	8,398	7,526
	Spaulding Boston	268,500	296,754	312,846	349,259	376,899
	Spaulding Cape Cod	111,381	112,457	112,597	118,759	133,379
	Vibra Southeastern MA	2,925	2,483	2,399	1,677	1,590
	Whittier Bradford	39,678	38,786	44,088	43,713	39,553
	Whittier Westborough	11,625	15,792	15,781	16,180	13,318

Patient Revenue Trends	Total Net Outpatient Revenue (in millions)					
		FY15	FY16	FY17	FY18	FY19
	Encompass Braintree	\$8.8	\$8.3	\$5.7	\$5.0	\$4.9
	Encompass New England	\$0.9	\$0.9	\$0.8	\$0.7	\$0.8
	Encompass Western MA	\$5.0	\$2.2	\$2.6	\$2.2	\$1.8
	Fairlawn Hospital	\$0.3	\$0.7	\$0.7	\$0.7	\$0.8
	Spaulding Boston	\$30.1	\$41.8	\$42.9	\$47.6	\$48.9
	Spaulding Cape Cod	\$14.7	\$14.7	\$15.5	\$14.8	\$16.5
	Vibra Southeastern MA	\$0.5	\$0.4	\$0.3	\$0.2	\$0.1
	Whittier Bradford	\$5.3	\$6.0	\$5.0	\$5.3	\$4.8
	Whittier Westborough	\$1.4	\$1.7	\$1.5	\$1.3	\$1.2

Utilization Trends	Average Length of Stay (Days)					
		FY15	FY16	FY17	FY18	FY19
	Encompass Braintree	10.3	12.8	13.2	13.1	13.5
	Encompass New England	14.4	13.7	13.5	13.2	13.0
	Encompass Western MA	12.3	13.6	13.4	13.3	13.0
	Fairlawn Hospital	12.7	12.5	13.4	12.0	12.4
	Spaulding Boston	19.5	20.1	20.4	20.9	21.7
	Spaulding Cape Cod	13.9	13.1	13.1	14.1	13.7
	Vibra Southeastern MA	42.7	44.1	44.6	39.3	36.1
	Whittier Bradford	25.0	20.0	22.0	21.1	21.6
	Whittier Westborough	22.4	20.5	19.1	17.8	20.9

Patient Revenue Trends	Net Inpatient Revenue per Patient Day					
		FY15	FY16	FY17	FY18	FY19
	Encompass Braintree	\$1,462	\$1,554	\$1,617	\$1,675	\$1,705
	Encompass New England	\$1,316	\$1,404	\$1,479	\$1,497	\$1,593
	Encompass Western MA	\$1,418	\$1,587	\$1,527	\$1,585	\$1,654
	Fairlawn Hospital	\$1,363	\$1,460	\$1,456	\$1,593	\$1,632
	Spaulding Boston	\$1,701	\$1,671	\$1,710	\$1,849	\$1,889
	Spaulding Cape Cod	\$1,667	\$1,753	\$1,810	\$1,717	\$1,886
	Vibra Southeastern MA	\$1,103	\$1,098	\$1,129	\$1,184	\$1,204
	Whittier Bradford	\$1,292	\$1,295	\$1,281	\$1,401	\$1,386
	Whittier Westborough	\$1,246	\$1,311	\$1,271	\$1,391	\$1,425

Financial Performance	Total Revenue, Cost, and Profit (Loss) in FY2019					
		Operating Revenue	Total Revenue	Costs	Income (Loss)	Total Margin
	Encompass Braintree	\$65.9	\$65.9	\$49.6	\$16.3	24.7%
	Encompass New England	\$29.3	\$29.3	\$23.4	\$5.8	19.9%
	Encompass Western MA	\$64.2	\$64.2	\$51.8	\$12.5	19.4%
	Fairlawn Hospital	\$49.0	\$49.0	\$36.5	\$12.4	25.4%
	Spaulding Boston	\$151.1	\$151.0	\$171.5	-\$20.5	-13.5%
	Spaulding Cape Cod	\$45.1	\$45.2	\$45.7	-\$0.5	-1.2%
	Vibra Southeastern MA	\$28.6	\$28.6	\$28.0	\$0.6	2.0%
	Whittier Bradford	\$29.3	\$29.3	\$29.5	-\$0.2	-0.6%
	Whittier Westborough	\$26.9	\$26.9	\$25.7	\$1.2	4.4%

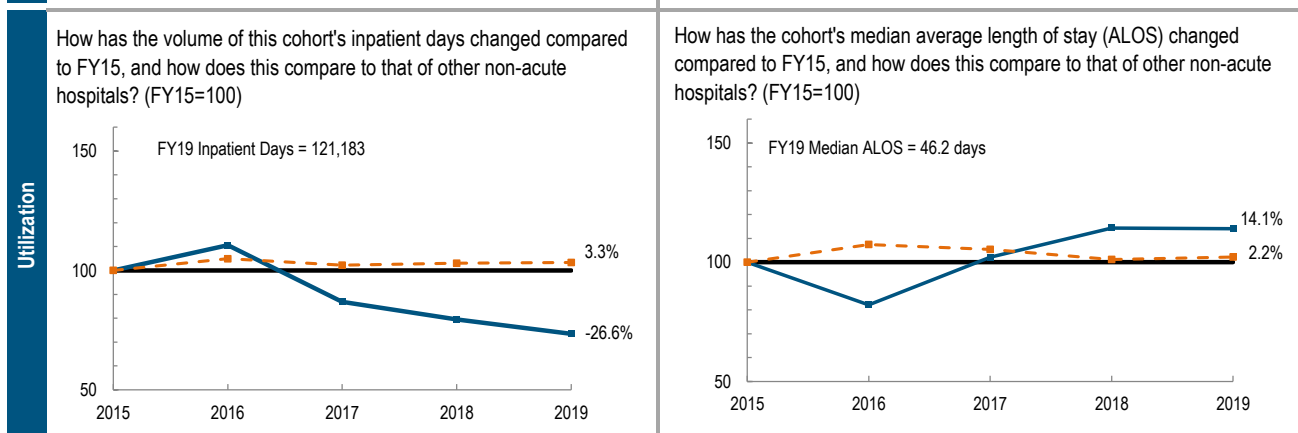
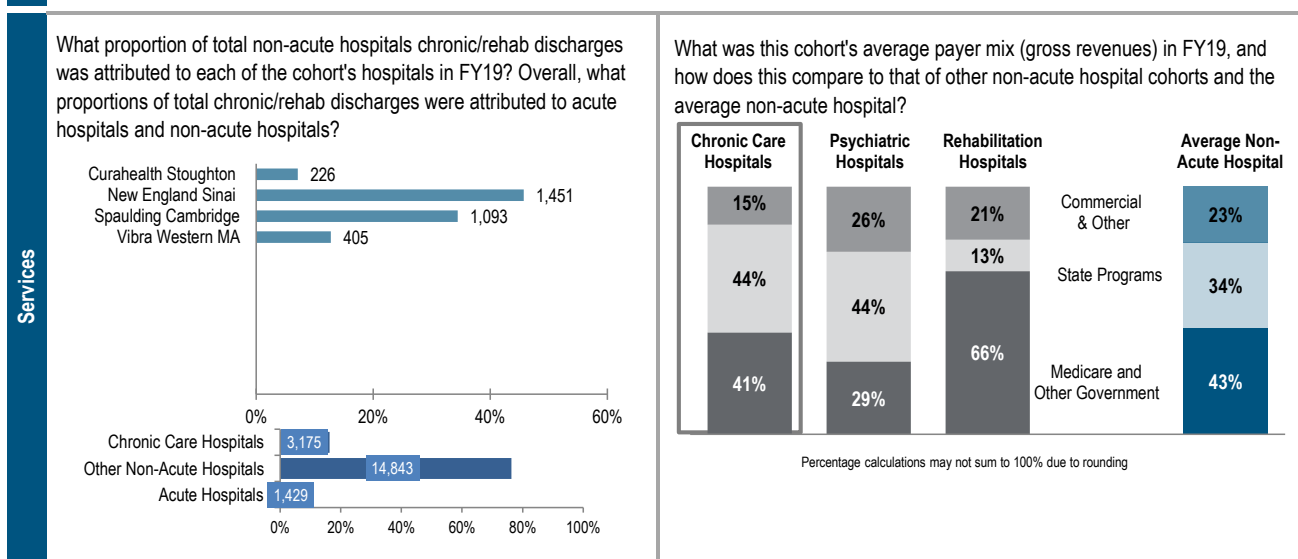


# CHRONIC CARE HOSPITALS

## 2019 Hospital Profile

Chronic care hospitals are non-acute hospitals with an average length of patient stay greater than 25 days. These hospitals typically provide longer-term care, such as ventilator dependent care. Medicare classifies chronic hospitals as Long-Term Care Hospitals, using the same 25-day threshold. In FY19 there were four chronic care hospitals operating in Massachusetts. Those facilities were responsible for 16% of all chronic and rehabilitation discharges in FY19, while other non-acute hospitals accounted for 76% and acute hospitals accounted for 7% of chronic care discharges. Three of the four chronic care hospitals reported a loss in FY19 as opposed to all four reported a loss in FY18. Inpatient days at chronic care hospitals decreased 27% between FY15 and FY19.

At a Glance	<b>Hospitals in Cohort:</b>	
	Curahealth Stoughton	
	New England Sinai Hospital	
	Spaulding Hospital Cambridge	
	Vibra Hospital of Western Massachusetts	
At a Glance	<b>Total Beds:</b>	<b>Average Public Payer Mix:</b>
	548 (14.8% of total non-acute hospitals)	84.7%, > total non-acute hospitals (77.3%)
	<b>Median % Occupancy:</b>	<b>Total Gross Patient Service Revenue:</b>
	60.1%, < total non-acute hospitals (79.5%)	\$683 million (24.1% of total non-acute hospitals)
	<b>Total Inpatient Days:</b>	<b>Inpatient:Outpatient Gross Patient Service Revenue:</b>
	121,183 (11.7% of total non-acute hospitals)	99%:1% (total non-acute hospitals = 86%:14%)
At a Glance	<b>Total Inpatient Discharges:</b>	
	3,175 (5.2% of total non-acute hospitals)	



For descriptions of the metrics, please see Technical Appendix.



# CHRONIC CARE HOSPITALS

## 2019 Hospital Profile

Utilization Trends	Volume of Inpatient Days					
		FY15	FY16	FY17	FY18	FY19
	Curahealth Stoughton	31,721	28,761	21,261	19,604	18,606
	New England Sinai	33,984	31,287	32,695	33,824	39,428
	Spaulding Cambridge	46,951	43,987	42,475	42,776	40,854
	Vibra Western MA	52,426	49,729	46,924	34,918	22,295

Utilization Trends	Volume of Outpatient Visits					
		FY15	FY16	FY17	FY18	FY19
	Curahealth Stoughton	0	0	0	0	0
	New England Sinai	18,620	21,316	13,388	14,734	16,797
	Spaulding Cambridge	0	0	0	0	0
	Vibra Western MA	0	0	0	0	0

Patient Revenue Trends	Total Net Outpatient Revenue (in millions)					
		FY15	FY16	FY17	FY18	FY19
	Curahealth Stoughton	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0
	New England Sinai	\$0.9	\$1.3	\$1.0	\$0.6	\$1.2
	Spaulding Cambridge	\$0.0	-\$0.0	\$0.0	\$0.0	\$0.0
	Vibra Western MA	\$0.0	\$0.0	\$0.0	\$0.0	\$0.0

Utilization Trends	Average Length of Stay (Days)					
		FY15	FY16	FY17	FY18	FY19
	Curahealth Stoughton	49.9	64.8	86.4	87.5	82.3
	New England Sinai	33.5	34.3	27.0	30.0	27.2
	Spaulding Cambridge	30.0	32.3	31.8	36.0	37.4
	Vibra Western MA	47.5	48.8	51.0	56.7	55.1

Patient Revenue Trends	Net Inpatient Revenue per Patient Day					
		FY15	FY16	FY17	FY18	FY19
	Curahealth Stoughton	\$1,067	\$1,062	\$963	\$1,333	\$1,055
	New England Sinai	\$1,185	\$1,192	\$1,380	\$1,374	\$1,208
	Spaulding Cambridge	\$1,446	\$1,414	\$1,448	\$1,605	\$1,634
	Vibra Western MA	\$969	\$976	\$952	\$772	\$1,165

Financial Performance	Total Revenue, Cost, and Profit (Loss) in FY2019					
		Operating Revenue	Total Revenue	Costs	Income (Loss)	Total Margin
	Curahealth Stoughton	\$19.9	\$19.9	\$17.4	\$2.5	12.6%
	New England Sinai	\$51.0	\$51.0	\$52.3	-\$1.3	-2.5%
	Spaulding Cambridge	\$72.8	\$72.8	\$83.5	-\$10.6	-14.6%
	Vibra Western MA	\$26.8	\$26.9	\$36.2	-\$9.4	-34.8%

## NON-ACUTE SPECIALTY HOSPITALS

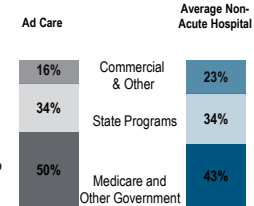
### 2019 Hospital Profile

**AdCare Hospital of Worcester** is a for-profit specialty hospital located in Worcester. It is the only private non-acute care hospital that exclusively focuses on substance abuse. It provides detox and inpatient services, as well as outpatient services. From FY15 to FY19, inpatient days at AdCare decreased 0.9% and outpatient visits decreased 13.0%. During each year in this five year period, AdCare reported positive margins, including a total margin of 11.1% in FY19.

#### AdCare Hospital of Worcester

Worcester, MA

At a Glance		Payer Mix	
<b>Total Staffed beds:</b>	114	What was the hospital's overall payer mix (gross revenues) and how does this hospital compare to the average non-acute hospital's payer mix?	
<b>% Occupancy:</b>	90.5		
<b>Inpatient Discharges:</b>	6037		
<b>Public Payer Mix:</b>	84.0%		
<b>Total Net Revenue:</b>	\$42,835,964		
<b>Tax Status:</b>	for-profit		
<b>Inpatient:Outpatient Gross Revenue:</b>	72%:28%		
<b>Change in Ownership (FY15-FY19)</b>	N/A		



Percentage calculations may not sum to 100% due to rounding.

	FY15	FY16	FY17	FY18	FY19
<b>Average Length of Stay</b>	6.2	6.5	6.3	6.4	6.2
<b>Inpatient Days</b>	37,999	38,522	38,293	38,030	37,647
<b>Outpatient Visits</b>	116,054	126,116	114,801	123,331	100,949
<b>Net Inpatient Revenue Per Day</b>	\$755	\$763	\$876	\$818	\$925
<b>Net Outpatient Revenue (millions)</b>	\$11.1	\$9.3	\$8.8	\$8.9	\$8.0
<b>Operating Margin</b>	15.4%	9.7%	16.1%	8.2%	11.1%
<b>Total Margin</b>	15.5%	9.7%	16.1%	8.2%	11.1%

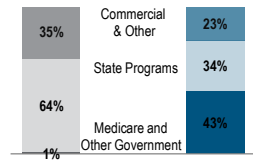
Revenue, Cost, & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2015	\$41	\$41	\$0	\$35	\$6.4
2016	\$39	\$39	\$0	\$35	\$3.8
2017	\$42	\$42	\$0	\$36	\$6.8
2018	\$40	\$40	\$0	\$37	\$3.3
2019	\$43	\$43	\$0	\$39	\$4.8

**Franciscan Hospital for Children** is a non-profit specialty hospital located in Brighton. It focuses on providing pediatric chronic care and rehabilitation services. It offers inpatient, residential, educational, surgical, outpatient, and home care programs for children with special health care needs. Between FY15 and FY19, inpatient days increased 10.6%, and outpatient visits decreased 28.8%. Franciscan Hospital for Children reported a positive total margin of 1.5% in FY19.

#### Franciscan Hospital for Children

Brighton, MA

At a Glance		Payer Mix	
<b>Total Staffed beds:</b>	112	What was the hospital's overall payer mix (gross revenues) and how does this hospital compare to the average non-acute hospital's payer mix?	
<b>% Occupancy:</b>	58.0		
<b>Inpatient Discharges:</b>	771		
<b>Public Payer Mix:</b>	64.7%		
<b>Total Net Revenue:</b>	\$55,761,041		
<b>Tax Status:</b>	non-profit		
<b>Inpatient:Outpatient Gross Revenue:</b>	64%:36%		
<b>Change in Ownership (FY15-FY19)</b>	N/A		



Percentage calculations may not sum to 100% due to rounding.

	FY15	FY16	FY17	FY18	FY19
<b>Average Length of Stay</b>	26.2	27.4	29.1	30.7	30.7
<b>Inpatient Days</b>	21,418	22,555	23,363	23,623	23,697
<b>Outpatient Visits</b>	55,897	41,834	36,085	34,820	39,786
<b>Net Inpatient Revenue Per Day</b>	\$1,400	\$1,441	\$1,415	\$1,509	\$1,539
<b>Net Outpatient Revenue (millions)</b>	\$20.0	\$16.0	\$15.5	\$15.8	\$19.3
<b>Operating Margin</b>	-0.3%	3.1%	0.0%	-0.5%	1.2%
<b>Total Margin</b>	-0.3%	4.3%	-2.0%	-0.5%	1.5%

Revenue, Cost, & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2015	\$59	\$59	\$0	\$59	-\$0.2
2016	\$59	\$58	\$1	\$57	\$2.5
2017	\$58	\$59	-\$1	\$59	-\$1.2
2018	\$62	\$62	\$0	\$63	-\$0.3
2019	\$64	\$64	\$0.2	\$63	\$1.0

For descriptions of the metrics, please see Technical Appendix

## NON-ACUTE SPECIALTY HOSPITALS

### 2019 Hospital Profile

**Hebrew Rehabilitation Hospital** is a non-profit specialty hospital located in Boston. It specializes in providing hospital and community health care services to geriatric patients. It provides long-term acute, rehabilitative, outpatient, adult day health, and home health care services. It is also the healthcare facility for Hebrew SeniorLife provider organization, a provider of elder care. Between FY15 and FY19, inpatient days decreased 5.3%, and outpatient visits increased 1.3%. During each year in this five year period, Hebrew Rehabilitation has reported a loss, including a -1.5% total margin in FY19.

### Hebrew Rehabilitation Hospital

Boston, MA

At a Glance		Payer Mix							
Total Staffed beds:	717	<p>What was the hospital's overall payer mix (gross revenues) and how does this hospital compare to the average non-acute hospital's payer mix?</p> <p>Hebrew</p> <p>Average Non-Acute Hospital</p>		Average Length of Stay	FY15	FY16	FY17	FY18	FY19
% Occupancy:	90.8			Inpatient Days	251,108	249,016	239,822	234,490	237,685
Inpatient Discharges:	1374			Outpatient Visits	69,299	75,037	77,702	71,791	70,175
Public Payer Mix:	81.8%			Net Inpatient Revenue Per Day	\$451	\$453	\$454	\$490	\$503
Total Net Revenue:	\$123,412,838			Net Outpatient Revenue (millions)	\$3.3	\$3.6	\$3.7	\$3.8	\$3.9
Tax Status:	non-profit			Operating Margin	-7.4%	-9.7%	-8.2%	-4.8%	-10.7%
Inpatient:Outpatient Gross Revenue:	96%:4%			Total Margin	-7.1%	-9.6%	-7.4%	-4.0%	-1.5%
Change in Ownership (FY15-FY19)	N/A								

Percentage calculations may not sum to 100% due to rounding

Revenue, Cost, & Profit/Loss (in millions)					
FY	Total Revenue	Operating Revenue	Non-Operating Revenue	Costs	Total Profit/Loss
2015	\$120	\$119	\$0	\$128	-\$8.5
2016	\$120	\$120	\$0	\$131	-\$11.5
2017	\$119	\$118	\$1	\$127	-\$8.8
2018	\$122	\$121	\$1	\$127	-\$4.9
2019	\$129	\$117	\$12	\$131	-\$1.9

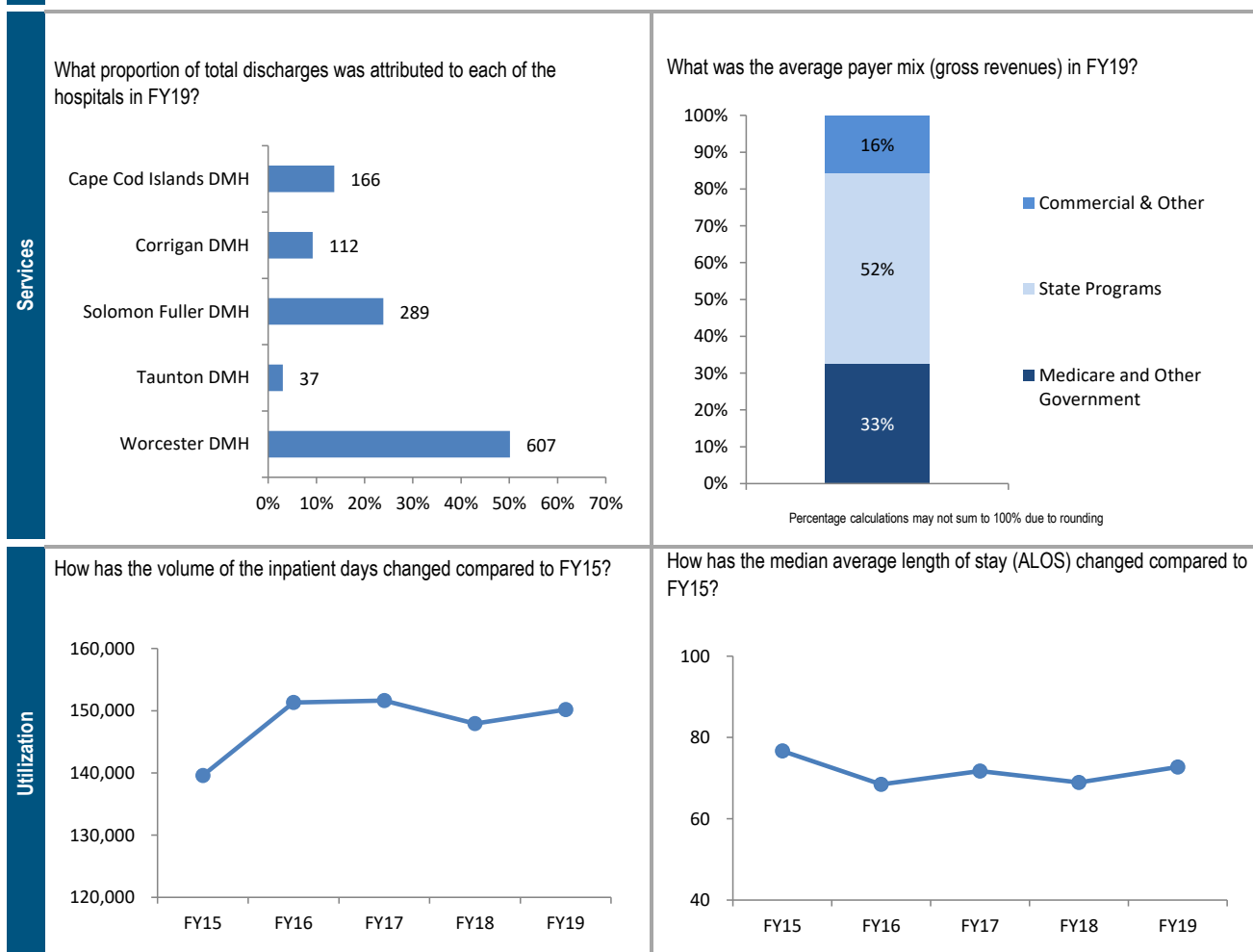
For descriptions of the metrics, please see Technical Appendix

# DEPARTMENT OF MENTAL HEALTH HOSPITALS

## 2019 Hospital Profile

The Department of Mental Health (DMH) operates five hospitals that provide psychiatric and mental health care for those with otherwise limited access to facilities providing such care. Cape Cod & Islands provides inpatient and outpatient psychiatric care. Corrigan offers inpatient and outpatient treatment, crisis counseling, and emergency psychiatric services. Solomon Fuller provides emergency and crisis care for adult and youth patients. Taunton Hospital offers a youth residential program, addiction and substance abuse program, and psychiatric services. Worcester State offers a mental health center for adult and youth patients. Two out of the five hospitals provide outpatient services with 7,175 visits in FY19. Occupancy percentage is equal to or above 96% for the past five years.

At a Glance	<b>Hospitals in Cohort:</b>	
	Cape Cod & Islands Community Mental Health Center	
	Corrigan Mental Health Center	
	Solomon Carter Fuller Mental Health Center	
	Taunton State Hospital	
	Worcester State Hospital	
	<b>Total Staffed Beds:</b>	<b>Total Outpatient Visits</b>
	427	7,175
	<b>Median % Occupancy:</b>	<b>Median Average Length of Stay in Days</b>
	96.6%	72.8
	<b>Total Inpatient Days:</b>	<b>Average Public Payer Mix:</b>
	150,188	84.4%
	<b>Total Inpatient Discharges:</b>	<b>Total Gross Patient Service Revenue:</b>
	1,211	\$189 million



For descriptions of the metrics, please see Technical Appendix.

Key:  
Cohort

# DEPARTMENT OF MENTAL HEALTH HOSPITALS

## 2019 Hospital Profile

Utilization Trends	Volume of Inpatient Days					
		FY15	FY16	FY17	FY18	FY19
	Cape Cod Islands DMH	5,781	5,754	5,773	5,786	5,781
	Corrigan DMH	5,640	5,636	5,255	3,860	5,639
	Solomon Fuller DMH	21,317	21,223	21,453	20,989	21,024
	Taunton DMH	16,304	17,182	17,126	16,065	16,109
	Worcester DMH	90,550	101,522	102,018	101,219	101,635

Utilization Trends	Average Length of Stay (Days)					
		FY15	FY16	FY17	FY18	FY19
	Cape Cod Islands DMH	30.8	36.0	34.6	41.0	34.8
	Corrigan DMH	31.3	31.0	41.4	68.9	50.4
	Solomon Fuller DMH	76.7	68.5	71.8	67.7	72.8
	Taunton DMH	388.2	419.1	519.0	595.0	435.4
	Worcester DMH	160.0	156.7	173.5	167.6	167.4

Utilization Trends	Volume of Outpatient Visits					
		FY15	FY16	FY17	FY18	FY19
	Cape Cod Islands DMH	5,364	4,874	4,956	3,041	2,431
	Corrigan DMH	9,963	9,288	7,710	3,703	4,744
	Solomon Fuller DMH	0	0	0	0	0
	Taunton DMH	0	0	0	0	0
	Worcester DMH	0	0	0	0	0

Utilization Trends	Percentage of Occupancy					
		FY15	FY16	FY17	FY18	FY19
	Cape Cod Islands DMH	99.0	98.3	98.9	99.1	99.0
	Corrigan DMH	96.6	96.2	90.0	66.1	96.6
	Solomon Fuller DMH	97.3	96.6	98.0	95.8	96.0
	Taunton DMH	99.3	104.3	104.3	97.8	98.1
	Worcester DMH	95.4	95.7	96.4	95.6	96.0

Utilization Trends	Total Staffed Beds					
		FY15	FY16	FY17	FY18	FY19
	Cape Cod Islands DMH	16	16	16	16	16
	Corrigan DMH	16	16	16	16	16
	Solomon Fuller DMH	60	60	60	60	60
	Taunton DMH	45	45	45	45	45
	Worcester DMH	260	290	290	290	290

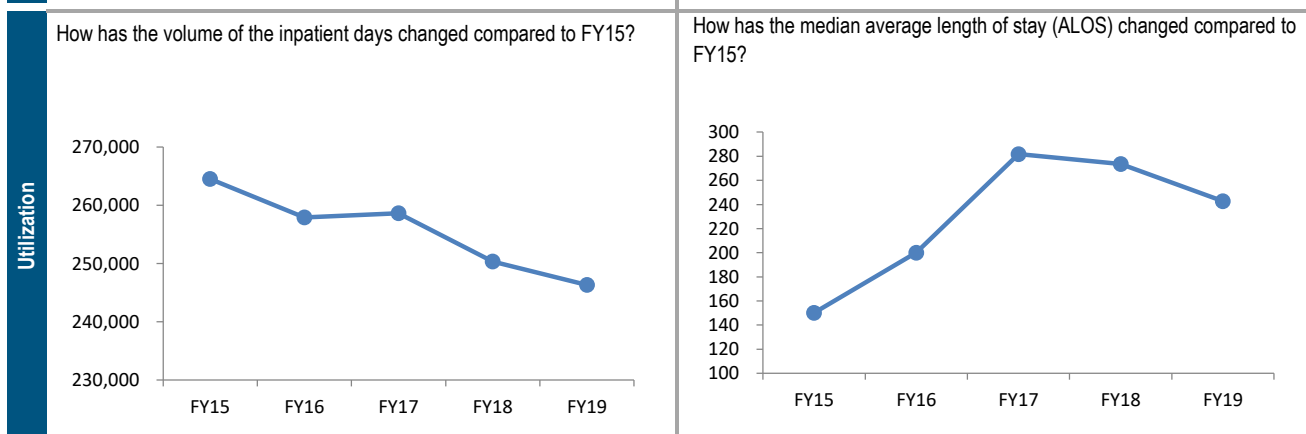
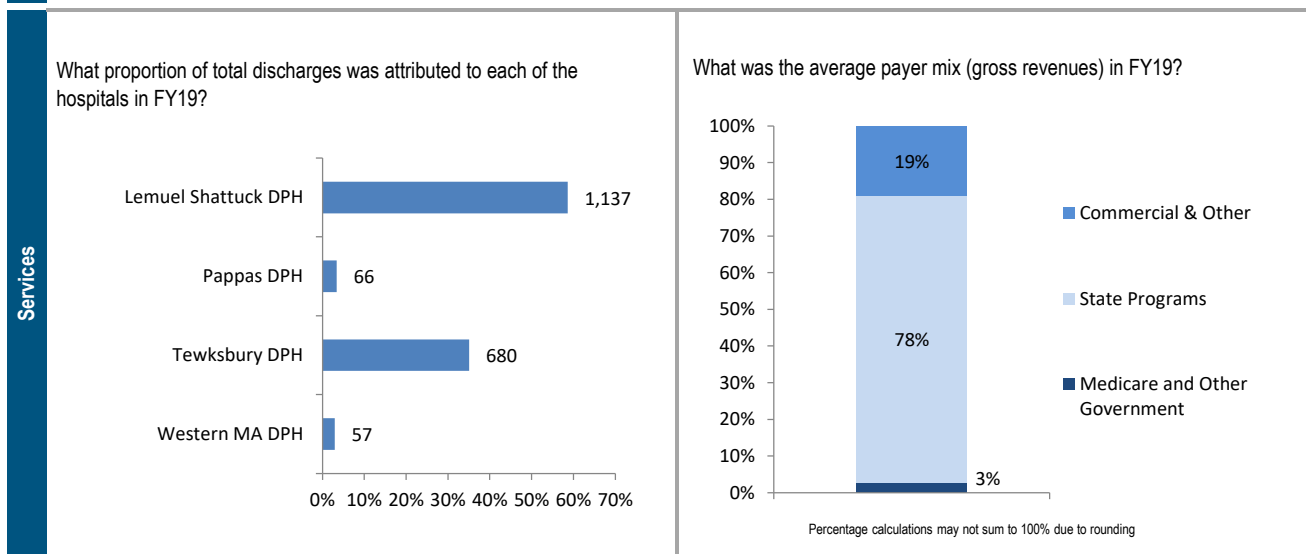
Patient Revenue Trends	Total Net Patient Service Revenue (Thousands)					
		FY15	FY16	FY17	FY18	FY19
	Cape Cod Islands DMH	\$6,832	\$6,136	\$7,249	\$6,368	\$7,108
	Corrigan DMH	\$7,286	\$7,111	\$7,314	\$5,724	\$6,680
	Solomon Fuller DMH	\$5,035	\$5,272	\$5,107	\$12,856	\$3,956
	Taunton DMH	\$2,409	\$2,549	\$2,626	\$11,944	\$2,717
	Worcester DMH	\$28,382	\$27,232	\$25,837	\$68,319	\$23,210

# DEPARTMENT OF PUBLIC HEALTH HOSPITALS

## 2019 Hospital Profile

The Department of Public Health (DPH) operates four multi-specialty hospitals that provide acute and chronic care to those for whom community facilities are not available or access to health care is restricted. The department operates Lemuel Shattuck Hospital, Pappas Rehabilitation Hospital for Children, Tewksbury Hospital, and Western Mass Hospital. Lemuel Shattuck provides acute, subacute, and ambulatory care. Tewksbury Hospital provides both medical and psychiatric services to challenging adult patients with chronic conditions. Western Massachusetts Hospital is a long term medical and specialty care hospital. Lemuel Shattuck Hospital is the only public health hospital that provides outpatient services with 14,303 visits in FY19.

At a Glance	<b>Hospitals in Cohort:</b>	
	Lemuel Shattuck Hospital	
	Pappas Rehabilitation Hospital for Children	
	Tewksbury Hospital	
	Western Massachusetts Hospital	
	<b>Total Staffed Beds:</b>	<b>Total Outpatient Visits</b>
	809	14,303
	<b>Median % Occupancy:</b>	<b>Median Average Length of Stay in Days</b>
	82.5%	242.8
	<b>Total Inpatient Days:</b>	<b>Average Public Payer Mix:</b>
	246,309	81.1%
	<b>Total Inpatient Discharges:</b>	<b>Total Gross Patient Service Revenue:</b>
	1,940	\$323 million



For descriptions of the metrics, please see Technical Appendix.

Key:  
Cohort



# DEPARTMENT OF PUBLIC HEALTH HOSPITALS

## 2019 Hospital Profile

Utilization Trends	Volume of Inpatient Days					
		FY15	FY16	FY17	FY18	FY19
	Lemuel Shattuck DPH	82,530	82,271	83,115	79,567	76,342
	Pappas DPH	21,122	21,849	21,336	19,953	20,114
	Tewksbury DPH	129,527	125,147	126,256	124,386	122,992
	Western MA DPH	31,329	28,642	27,942	26,445	26,861

Utilization Trends	Average Length of Stay (Days)					
		FY15	FY16	FY17	FY18	FY19
	Lemuel Shattuck DPH	51.8	60.5	70.4	64.5	67.1
	Pappas DPH	139.0	227.6	395.1	362.8	304.8
	Tewksbury DPH	161.5	172.6	180.9	184.3	180.9
	Western MA DPH	474.7	376.9	382.8	433.5	471.3

Utilization Trends	Volume of Outpatient Visits					
		FY15	FY16	FY17	FY18	FY19
	Lemuel Shattuck DPH	19,023	21,512	22,726	15,939	14,303
	Pappas DPH	889	1,016	0	0	0
	Tewksbury DPH	0	0	0	0	0
	Western MA DPH	0	0	0	0	0

Utilization Trends	Percentage of Occupancy					
		FY15	FY16	FY17	FY18	FY19
	Lemuel Shattuck DPH	87.0	86.5	87.6	83.8	80.4
	Pappas DPH	68.9	71.1	69.6	68.3	68.0
	Tewksbury DPH	65.7	63.3	64.1	63.1	88.4
	Western MA DPH	94.3	85.1	94.5	83.3	84.6

Utilization Trends	Total Staffed Beds					
		FY15	FY16	FY17	FY18	FY19
	Lemuel Shattuck DPH	260	260	260	260	260
	Pappas DPH	84	84	84	80	81
	Tewksbury DPH	540	540	540	540	381
	Western MA DPH	91	92	81	87	87

Patient Revenue Trends	Total Net Patient Service Revenue (Thousands)					
		FY15	FY16	FY17	FY18	FY19
	Lemuel Shattuck DPH	\$57,452	\$67,688	\$69,328	\$72,776	\$68,415
	Pappas DPH	\$22,043	\$24,290	\$23,841	\$23,797	\$26,311
	Tewksbury DPH	\$74,389	\$76,960	\$79,595	\$85,081	\$88,895
	Western MA DPH	\$25,059	\$24,537	\$24,429	\$24,880	\$28,105

# Massachusetts Hospital Profiles

Data Through Fiscal  
Year 2019

March 2021

Technical Appendix



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# FY19 Massachusetts Acute Care Hospitals (March 2021)

## TECHNICAL APPENDIX

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## Introduction

Acute and non-acute hospitals included in *Massachusetts Hospital Profiles - Data through Fiscal Year 2019* were profiled on service, payer mix, quality, utilization, revenue, and financial performance. Details for each of these metrics are included in this technical appendix.

The Center for Health Information and Analysis (CHIA) relied on the following primary data sources to present information: the Hospital Cost Report, the Hospital Discharge Database (HDD), and the Hospital Standardized Financial Statement database.

Unless otherwise noted, metrics included in this report are based on data reported by acute and non-acute hospitals from Fiscal Year (FY) 2015 to FY2019. Descriptive acute and non-acute hospital information is from FY2019.

### **Hospital Cost Report:**

The Hospital Cost Report is submitted each year by acute and non-acute hospitals and contains data on costs, revenues, and utilization statistics. Beginning in FY2015, the new Hospital Cost Report requires hospitals to submit based on the same time frames as the Medicare 2552 Cost Report filing schedules, which reflects the unique fiscal year end of each hospital.

### **Hospital Discharge Database (HDD):**

HDD data is submitted quarterly by acute hospitals and contains patient-level data identifying charges, days, and diagnostic information for all acute inpatient discharges. CHIA used FY2019 HDD data as of June 2020 for the service metrics, which includes discharges between October 1, 2018 and September 30, 2019 for all acute hospitals. Please note that the 2019 HDD data is missing the fourth quarter for the Dana-Farber Cancer Institute.

### **Hospital Standardized Financial Statements:**

The Hospital Standardized Financial Statements are submitted quarterly and annually by acute hospitals based on their individual fiscal year end. The Standardized Financial Statements contain information on the hospital's assets, liabilities, revenues, expenses, and profits or losses. They reflect only the hospital's financial information; they do not reflect financial information for any larger health system with which a hospital may be affiliated.

### **Audited Financial Statements:**

Audited Financial Statements are submitted annually by hospitals (or their parent organizations, if applicable). In addition to the financial figures that are found in the Hospital Standardized Financial Statements, the Audited Financial Statements contain an opinion from an independent auditor as well as notes from hospital or system management that elaborate on the financial performance and standing of the hospital or system during the fiscal year.

### **Quality Data Sources:**

To compile the hospital quality measures, CHIA relied on the following primary data sources: HDD, the Centers for Medicare & Medicaid Services (CMS) Hospital Compare database, and The Leapfrog Group.

### **Data Verification:**

Each year's Hospital Cost Report, hospital and multi-acute hospital system financial statements, Relative Price, and quality data reports were verified in accordance with respective reporting regulation requirements. Additional data verification forms that included each hospital's reported financial data were sent to each acute and non-acute hospital for FY2015-FY2019.

An **acute hospital** is a hospital that is licensed by the Massachusetts Department of Public Health and contains a majority of medical-surgical, pediatric, obstetric, and maternity beds.

### Multi-Acute Hospital System Affiliation and Location

Massachusetts hospitals are generally affiliated with a larger health system. Health systems may include multiple hospitals and/or provider organizations while others may have only one hospital with associated providers or provider organizations. Multi-acute hospital system membership identifies those health systems with more than one acute hospital. This information was derived from Audited Financial Statements.

Below is a list of Massachusetts multi-acute hospital systems and their acute hospital members as of the end of each system's fiscal year 2019:

MULTI-ACUTE HOSPITAL SYSTEM	ACUTE HOSPITAL MEMBER
Baystate Health	Baystate Franklin Medical Center Baystate Medical Center Baystate Noble Baystate Wing Hospital
Berkshire Health Systems	Berkshire Medical Center Fairview Hospital
Beth Israel Lahey Health	Anna Jaques Hospital Beth Israel Deaconess Hospital – Milton Beth Israel Deaconess Hospital – Needham Beth Israel Deaconess Hospital – Plymouth Beth Israel Deaconess Medical Center Lahey Hospital & Medical Center Mount Auburn Hospital New England Baptist Hospital Northeast Hospital Winchester Hospital
Cape Cod Healthcare	Cape Cod Hospital Falmouth Hospital
Heywood Healthcare	Athol Hospital Heywood Hospital
Partners Health Care	Brigham and Women's Hospital Brigham and Women's Faulkner Hospital Cooley Dickinson Hospital Martha's Vineyard Hospital Massachusetts Eye and Ear Infirmary Massachusetts General Hospital Nantucket Cottage Hospital Newton-Wellesley Hospital

<b>MULTI-ACUTE HOSPITAL SYSTEM</b>	<b>ACUTE HOSPITAL MEMBER</b>
	North Shore Medical Center
Shriners Hospitals for Children <sup>^</sup>	Shriners Hospitals for Children – Boston Shriners Hospitals for Children – Springfield
Steward Health Care System	Morton Hospital, A Steward Family Hospital Nashoba Valley Medical Center, A Steward Family Hospital Steward Carney Hospital Steward Good Samaritan Medical Center Steward Holy Family Hospital Steward Norwood Hospital Steward Saint Anne's Hospital Steward St. Elizabeth's Medical Center
UMass Memorial Health Care	HealthAlliance-Clinton Hospital Marlborough Hospital UMass Memorial Medical Center
Wellforce	Lowell General Hospital MelroseWakefield Hospital Tufts Medical Center
Tenet Healthcare <sup>^</sup>	MetroWest Medical Center Saint Vincent Hospital

<sup>^</sup>Tenet Healthcare Corporation and Shriners Hospitals for Children are multi-state health systems with a large presence outside of Massachusetts. Both own two acute hospitals in Massachusetts (Tenet owns MetroWest Medical Center and Saint Vincent Hospital; Shriners owns Shriners Hospitals for Children – Boston and Shriners Hospitals for Children - Springfield).

## Regional Definitions

The location for each acute hospital in this report was obtained, where possible, from hospital licensing information collected by the Massachusetts Department of Public Health (DPH). The hospital license includes information on a hospital's campuses and satellite offices.

The geographic regions presented in this report are derived from the Health Policy Commission (HPC) static geographic regions. The HPC regions were rolled up into larger regions for this publication to facilitate better comparison within each geographic area. The acute hospitals and the regions to which they were assigned are:

<b>MASSACHUSETTS REGION</b>	<b>ACUTE HOSPITAL ASSIGNED TO REGION</b>
Metro Boston	Beth Israel Deaconess Hospital – Milton Beth Israel Deaconess Hospital – Needham Beth Israel Deaconess Medical Center Boston Children's Hospital Boston Medical Center Brigham and Women's Faulkner Hospital

MASSACHUSETTS REGION	ACUTE HOSPITAL ASSIGNED TO REGION
	Brigham and Women's Hospital Cambridge Health Alliance Dana-Farber Cancer Institute Massachusetts Eye and Ear Infirmary Massachusetts General Hospital Melrose Wakefield Healthcare Mount Auburn Hospital New England Baptist Hospital Newton-Wellesley Hospital Shriners Hospitals for Children – Boston Steward Carney Hospital Steward St. Elizabeth's Medical Center Tufts Medical Center
Northeastern Massachusetts	Anna Jaques Hospital Emerson Hospital Lahey Hospital & Medical Center Lawrence General Hospital Lowell General Hospital Nashoba Valley Medical Center, A Steward Family Hospital North Shore Medical Center Northeast Hospital Steward Holy Family Hospital Winchester Hospital
Central Massachusetts	Athol Hospital Harrington Memorial Hospital HealthAlliance-Clinton Hospital Heywood Hospital Saint Vincent Hospital UMass Memorial Medical Center
Cape and Islands	Cape Cod Hospital Falmouth Hospital Martha's Vineyard Hospital Nantucket Cottage Hospital
Metro West	Marlborough Hospital MetroWest Medical Center Milford Regional Medical Center Steward Norwood Hospital Sturdy Memorial Hospital
Western Massachusetts	Baystate Franklin Medical Center Baystate Medical Center Baystate Noble Hospital Baystate Wing Hospital



MASSACHUSETTS REGION	ACUTE HOSPITAL ASSIGNED TO REGION
	Berkshire Medical Center Cooley Dickinson Hospital Fairview Hospital Holyoke Medical Center Mercy Medical Center Shriners Hospitals for Children – Springfield
Metro South	Beth Israel Deaconess Hospital – Plymouth Morton Hospital, A Steward Family Hospital Signature Healthcare Brockton Hospital South Shore Hospital Steward Good Samaritan Medical Center
Southcoast	Steward Saint Anne's Hospital Southcoast Hospitals Group

<sup>1</sup> For descriptions of the regions, see <http://www.mass.gov/anf/docs/hpc/2013-cost-trends-report-technical-appendix-b3-regions-of-massachusetts.pdf> (last accessed March 7, 2017).

## Special Designations

Certain acute hospitals in Massachusetts have a special status among public payers due to their rural or relatively isolated locations:

**Critical Access Hospital** is a state designation given to hospitals that have no more than 25 acute beds, are located in a rural area, and are more than a 35-mile drive from the nearest hospital or more than a 15-mile drive in areas with mountainous terrains or secondary roads.<sup>1</sup> Critical Access Hospitals receive cost-based payments from Medicare and MassHealth.

**Sole Community Hospital** is a Medicare designation given to hospitals that are located in rural areas or are located in areas where it is difficult to access another hospital quickly. These hospitals are eligible to receive higher inpatient payments from Medicare than other hospitals.<sup>2</sup>

<sup>1</sup> In addition, Critical Access Hospitals include hospitals that were, prior to January 1, 2006, designated by the State as a "necessary provider" of health care services to residents in the area. There are additional requirements to be designated as a Critical Access Hospital, including length of stay requirements, staffing requirements, and other provisions. See Code of Federal Regulations: 42 CFR 485.601-647.

<sup>2</sup> Code of Federal Regulation: 42 CFR 412.92.

## Hospital Types

In order to develop comparative analytics, CHIA assigned hospitals to peer cohorts. The acute hospitals were assigned to one of the following cohorts according to the criteria below:

**Academic Medical Centers (AMCs)** are a subset of teaching hospitals. AMCs are characterized by (1) extensive research and teaching programs and (2) extensive resources for tertiary and quaternary care, and are (3) principal teaching hospitals for their respective medical schools and (4) full service hospitals with case mix intensity greater than 5% above the statewide average.

**Teaching hospitals** are those hospitals that report at least 25 full-time equivalent medical school residents per one hundred inpatient beds in accordance with Medicare Payment Advisory Commission (MedPAC) and do not meet the criteria to be classified as AMCs.

**Community hospitals** are hospitals that are not teaching hospitals and have a public payer mix of less than 63%.

**Community - High Public Payer (HPP)** are community hospitals that are disproportionately reliant on public revenues by virtue of a public payer mix of 63% or greater. Public payers include Medicare, Medicaid, and other government payers, including the Health Safety Net.

**Specialty hospitals** are not included in any cohort comparison analysis due the unique patient populations they serve and/or the unique sets of services they provide.

We are using the FY2018 Cohort Designations to be consistent with the Massachusetts Acute Hospital and Health System Financial Performance: FY 2019 Published in October 2020.

COHORT DESIGNATION	ACUTE HOSPITAL
AMC	Beth Israel Deaconess Medical Center Boston Medical Center Brigham and Women's Hospital Massachusetts General Hospital Tufts Medical Center UMass Memorial Medical Center
Teaching	Baystate Medical Center Cambridge Health Alliance Lahey Hospital & Medical Center Mount Auburn Hospital Saint Vincent Hospital Steward Carney Hospital Steward St. Elizabeth's Medical Center
Community	Anna Jaques Hospital Beth Israel Deaconess Hospital – Milton Beth Israel Deaconess Hospital – Needham Brigham and Women's Faulkner Hospital Cooley Dickinson Hospital Emerson Hospital Martha's Vineyard Hospital

COHORT DESIGNATION	ACUTE HOSPITAL
	Milford Regional Medical Center Nantucket Cottage Hospital Newton-Wellesley Hospital South Shore Hospital Winchester Hospital
Community – High Public Payer	Athol Hospital Baystate Franklin Medical Center Baystate Noble Hospital Baystate Wing Hospital Berkshire Medical Center Beth Israel Deaconess Hospital – Plymouth Cape Cod Hospital Fairview Hospital Falmouth Hospital Harrington Memorial Hospital HealthAlliance-Clinton Hospital Heywood Hospital Holyoke Medical Center Lawrence General Hospital Lowell General Hospital Marlborough Hospital Melrose Wakefield Healthcare Mercy Medical Center MetroWest Medical Center Morton Hospital, A Steward Family Hospital Nashoba Valley Medical Center, A Steward Family Hospital North Shore Medical Center Northeast Hospital Signature Healthcare Brockton Hospital Southcoast Hospitals Group Steward Good Samaritan Medical Center Steward Holy Family Hospital Steward Norwood Hospital Sturdy Memorial Hospital Steward Saint Anne's Hospital
Specialty	Boston Children's Hospital Dana-Farber Cancer Institute Massachusetts Eye and Ear Infirmary New England Baptist Hospital Shriners Hospitals for Children – Boston Shriners Hospitals for Children – Springfield

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## At a Glance

**Hospital system affiliation** notes with which multi-acute hospital system, if any, the hospital is affiliated.

**Hospital system surplus (loss)** is the hospital system's profit/loss in FY 2019.

**Change in ownership** notes change in ownership during the period of the analysis.

**Total staffed beds** are the average number of beds during the fiscal year that were in service and staffed for patient use.

**Inpatient occupancy rate** is the average percent of staffed inpatient beds occupied during the reporting period. Percentage of occupancy is calculated as follows: Inpatient Days divided by Weighted Average Staffed Beds times 365 (or the number of days in the reporting period).

**Special public funding** indicates whether the hospital received Community Hospital Reinvestment Trust Fund (CHRTF), or Health Care Innovation Investment (HCII) grants. Special public funding is grant money given to hospitals by the state or federal government. The amounts listed may be total grant allocations that will be disbursed over a period of time, or a portion of a grant that was disbursed in FY19. For more information please see the Special Public Funding notes contained in Appendix D.

**Trauma Center designation** is determined by the Massachusetts Department of Public Health and the American College of Surgeons, with Level 1 being the highest designation given to tertiary care facilities. Facilities can be designated as Adult and/or Pediatric Trauma Centers.<sup>3</sup> While there are five levels of trauma center designations recognized nationally, Massachusetts hospitals only fall under Levels 1, 2, and 3 for Adult and/or Levels 1 and 2 for Pediatric.

**Level 1 Trauma Center** is a comprehensive regional resource that is a tertiary care facility central to the trauma system. A Level 1 Trauma Center is capable of providing total care for every aspect of injury, from prevention through rehabilitation.

**Level 2 Trauma Center** is able to initiate definitive care for all injured patients, and provide 24- hour immediate coverage by general surgeons, as well as coverage by the specialties of orthopedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology and critical care.

**Level 3 Trauma Center** has demonstrated an ability to provide prompt assessment, resuscitation, surgery, intensive care and stabilization of injured patients and emergency operations, including the ability to provide 24-hour immediate coverage by emergency medicine physicians and prompt availability of general surgeons and anesthesiologists.

**Case mix index (CMI)** is a relative value assigned to the hospital's mix of inpatients to determine the overall acuity of the hospital's patients and is compared with the CMI of peer hospitals and the statewide average CMI. CHIA calculated each hospital's CMI by applying the 3M™ All Patient Refined (APR) grouper, version 30 with Massachusetts-specific baseline cost weights to each hospital's HDD data. Hospitals validate their HDD data submissions annually with CHIA.

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<sup>3</sup> American Trauma Society, Trauma Center Levels Explained. Available at: <http://www.amtrauma.org/?page=TraumaLevels> (last accessed October 6<sup>th</sup>, 2017).

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The APR grouper and Massachusetts-specific baseline cost weights used in this year's publication are consistent with those used in last year's publication. All case mix information included in this report has been grouped under APR grouper, version 30.

**Inpatient Net Patient Service Revenue (NPSR) per Case Mix Adjusted Discharge (CMAD)** measures the hospital's NPSR divided by the product of the hospital's discharges and its case mix index. NPSR includes both net inpatient revenue and inpatient premium revenue.

**Inpatient Net Revenue per CMAD** growth rate for each hospital was calculated by dividing the hospital's Net Patient Service Revenue (NPSR) by the total CMADs

**Inpatient – outpatient revenue** is derived from the amount of GPSR reported for inpatient and outpatient services in the Hospital Cost Report.

**Outpatient revenue** is the hospital's reported net revenue for outpatient services. Net outpatient service revenue includes both net outpatient revenue and outpatient premium revenue.

**Outpatient Revenue** growth rate for each hospital represents the percent change in a hospital's reported net revenue for outpatient services. Note that this measure examines the growth in total outpatient revenue and is not adjusted for patient volume, severity or service mix.

**Total revenue** is the hospital's total unrestricted revenue in FY 2019.

**Total surplus (loss)** is the hospital's reported profit/loss in FY 2019.

**Public payer mix** is determined based upon the hospital's reported Gross Patient Service Revenue (GPSR). See Payer Mix metric description in this appendix for more information. We are using the FY2018 GPSR to be consistent with the Massachusetts Acute Hospital and Health System Financial Performance: FY2019 Published in October 2020.

**Calendar Year (CY) 2018 Commercial Statewide Relative Price** reflects a relativity calculated for a given provider across all commercial payers (statewide RP or "S-RP"). For more information on S-RP methodology, refer to <http://www.chiamass.gov/assets/docs/r/pubs/19/relative-price-methodology-paper.pdf>.

**Top three commercial payers** represent those with the largest percentage share of total commercial payments at that hospital.

**Inpatient discharges** data was sourced from the Hospital Cost Report. See the Inpatient Discharge metric for more information.

**Inpatient discharges** growth rate for each hospital measures the percent change in discharges for inpatient admissions.

**Emergency department visits** include any visit by a patient to an emergency department that results in registration at the Emergency Department but does not result in an outpatient observation stay or the inpatient admission of the patient at the reporting facility. An Emergency Department visit occurs even if the only service provided to a registered patient is triage or screening.

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**Emergency department visits** growth rate for each hospital measures the percent change in emergency department visits.

**Outpatient visits** are the total outpatient visits reported by the hospital. Note that outpatient visits may not be uniformly reported across hospitals. Where substantial increases / decreases were observed, hospitals were notified and afforded the opportunity to update the information provided. In most cases, hospitals provided explanations but did not revise their data.

**Outpatient visits** growth rate for each hospital measures the percent change in total outpatient visits to a hospital.

**Readmission rate** is calculated using the Hospital-Wide All-Cause Unplanned 30-day Readmission Measure developed by CMS and the Yale Center for Outcomes Research, and applied to the Massachusetts adult all-payer population. Readmissions are defined as an admission for any reason to the same or a different hospital within 30 days of a previous discharge. Obstetric, primary behavioral health, cancer, and rehabilitation discharges are excluded from the calculations. The raw readmissions rate is reported, which is the number of readmissions within 30 days divided by the total number of eligible discharges.

**Early elective deliveries rate** measures the proportion of deliveries that were completed between 37 to 39 weeks gestation without medical necessity, following an induction or cesarean section. Thirty-six acute hospitals reported data for this indicator. All data were received from The Leapfrog Group as pre-calculated percentages. The patient population represents all payers and all ages, and the data period was 2019. Participation in the Leapfrog survey is voluntary; where a hospital does not complete the survey or report on certain items in the survey, the measure is also not included in the profiles.

## Acute Hospital Profiles: Services

**Most common inpatient diagnosis related groups (DRGs)** and the percentage of those DRGs treated at that hospital for the region.

- **Data Sources:** FY 2019 HDD data as of June 2020 and the 3M™ APR-DRG 30 All Patient Refined Grouper
- **Hospital Calculation:** Each discharge was grouped and ranked by DRG code. The subject hospital's 10 most frequently occurring DRGs were identified and those DRGs were then summed for all hospitals in the region in order to calculate the percent of regional discharges that were treated at the subject hospital. The total number of the subject hospital's discharges was compared to the sum of all hospital discharges in the region to determine the overall proportion of regional discharges.

For more information on DRGs, please see Appendix C.

**Most common communities** from where the hospital's inpatient discharges originated, and the total percent of all discharges (from Massachusetts hospitals) from that community that went to that hospital.

- **Data Source:** FY 2019 HDD data as of June 2020 for discharge information; patient origin was determined by the zip codes from where the patients resided. In larger cities, the top communities may reflect postal code neighborhoods.

- **Hospital Calculation:** The zip code for each patient discharge was matched with the USPS community name, and then grouped and ranked. The most frequently occurring communities were then summed for all hospitals in the region to calculate the percent of community discharges that went to the subject hospital.

A **hospital's top communities by inpatient origin** were determined using a hospital's FY19 discharge data from the HDD. Patient origin was determined by the reported zip code for each patient's residence. In larger cities, communities may include multiple zip codes. These zip codes were rolled up to reflect postal code neighborhoods based on the United States Postal Service Database. For more information on the zip codes included within each region, please see the databook.

For example, Boston zip codes were rolled up to the following designations: Boston (Downtown) includes: Back Bay, Beacon Hill, Downtown Boston, the Financial District, East Boston, Fenway/Kenmore, South Boston and South End. The remaining Boston communities with multiple zip codes were rolled up to these designations: Allston, Brighton, Charlestown, Dorchester, Dorchester Center, Hyde Park, Jamaica Plain, Mattapan, Mission Hill, Roslindale, Roxbury, and West Roxbury.

### **Acute Hospital Profiles: Quality Measures**

To compile provider quality performance information, CHIA relied on the following primary data sources: CHIA's Hospital Discharge Database (HDD), the Centers for Medicare and Medicaid Services (CMS) Hospital Compare database, and The Leapfrog Group. Metrics are based on varied data periods due to differences in reporting time frames across the data sources. For each metric, the associated reporting time period is listed.

**Health Care-Associated Infections** of three different types are reported:

1. **Central Line-Associated Blood Stream Infections (CLABSI):** This measure captures the observed rate of health care-associated central line-associated bloodstream infections among patients in an inpatient acute hospital, compared to the expected number of infections based on the hospital's characteristics and case mix.
  2. **Catheter-Related Urinary Tract Infections (CAUTI):** This measure captures the observed rate of health care-associated catheter-related urinary tract infections among patients in an inpatient acute hospital (excluding patients in Level II or III neonatal ICUs), compared to the expected number of infections based on the hospital's characteristics and case mix.
  3. **Surgical Site Infections (SSI): Colon Surgery:** This measure captures the observed rate of deep incisional primary or organ/space surgical site infections during the 30-day postoperative period following inpatient colon surgery, compared to the expected number of infections based on the hospital's characteristics and case mix.
- **Data source:** CMS Hospital Compare
  - **Data Period:** 2019
  - **Hospital Calculation:** These health care-associated infections are reported using the Standard Infection Ratio (SIR), which is the number of infections in a hospital compared to the number of expected infections. The SIR for CLABSI and CAUTI is risk adjusted for type of patient care locations, hospital affiliation with a medical school, and bed size. The SIR for SSI: Colon Surgery is risk adjusted for procedure-related factors, such as: duration of surgery, surgical wound class, use of endoscope, re-operation status, patient age, and patient assessment at time of anesthesiology.

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All SIRs for Health Care-Associated Infections are retrieved from CMS Hospital Compare as pre-calculated SIRs.

- **Cohort Calculation:** Not applicable
- **National Comparative:** CMS Hospital Compare
- **Patient Population:** All payers, Age 18+

**Hospital Readmission rates** are calculated using the Hospital-Wide All-Cause Unplanned 30-day Readmission Measure developed by CMS and the Yale Center for Outcomes Research, and applied to the Massachusetts adult all-payer population. Readmissions are defined as an admission for any reason to the same or a different hospital within 30 days of a previous discharge. Obstetric, primary behavioral health, cancer, and rehabilitation discharges are excluded from the calculations. The raw readmission rate is reported, which is the number of readmissions within 30 days divided by the total number of eligible discharges.

- **Data source:** CHIA's Hospital Discharge Database
- **Data Period:** FY 2018
- **Hospital Calculation:** The raw readmission rate reflects the number of unplanned readmissions within 30 days divided by the total number of eligible discharges during the designated time period.
- **Cohort Calculation:** Not applicable
- **State Comparative:** The method yields a statewide readmission rate across all the Commonwealth's acute-care hospitals for the designated time period.
- **Patient Population:** All payers, age 18+, excluding obstetric, primary psychiatric, cancer, and rehabilitation discharges.

## Acute Hospital Profiles: Utilization Trends

**Change in volume of inpatient discharges** measures discharges for inpatient admissions.

- **Data Sources:**  
Massachusetts Hospital Cost Report: Tab 5, Line 47, Column 1
- **Hospital index calculation:** Displays the percent change in the number of inpatient discharges for each year, using FY 2015 as the base year. FY 2016:  $(FY\ 2016 - FY\ 2015) / FY\ 2015$ , FY 2017:  $(FY\ 2017 - FY\ 2015) / FY\ 2015$ , FY 2018:  $(FY\ 2018 - FY\ 2015) / FY\ 2015$ , FY 2019:  $(FY\ 2019 - FY\ 2015) / FY\ 2015$ .
- **Cohort calculation:** Represents the percent change of total discharges across all hospitals in the cohort for each year. For example: Cohort for FY 2016 =  $(\text{Sum of discharges at cohort hospitals in FY 2016} - \text{Sum of discharges at cohort hospitals in FY 2015}) / \text{Sum of discharges at cohort hospitals in FY 2015}$ .



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**Change in volume of outpatient visits** measures total outpatient visits to a hospital. Note that outpatient visits may not be uniformly reported across hospitals.

- **Data Sources:**  
Massachusetts Hospital Cost Report: Tab 5, Line 301, Column 1
- **Hospital index calculation:** Calculate the percent change between each year, using FY15 as the base year. FY 2016:  $(FY\ 2016 - FY\ 2015) / FY\ 2015$ , FY 2017:  $(FY\ 2017 - FY\ 2015) / FY\ 2015$ , FY 2018:  $(FY\ 2018 - FY\ 2015) / FY\ 2015$ , FY 2019:  $(FY\ 2019 - FY\ 2015) / FY\ 2015$ .
- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example: Cohort for FY 2016 = median of (% change for hospital A, % change for hospital B, % change for hospital C...)

### Acute Hospital Profiles: Patient Revenue Trends

**Net inpatient service revenue per case mix adjusted discharge (CMAD)** measures the hospital's net inpatient service revenue (NPSR) divided by the product of the number of the hospital's discharges and its case mix index. NPSR includes both net inpatient revenue and inpatient premium revenue.

- **Data Sources:** NPSR and discharges were sourced from the Massachusetts Hospital Cost Report; Case Mix Index (CMI) is sourced from HDD.
- **Hospital calculation:** The hospital's inpatient net revenue per CMAD was calculated by dividing NPSR by the total CMAD for each year.
- **Cohort calculation:** The range of all revenue/CMAD values for cohort hospitals are represented by the vertical black line. The cohort value denotes the median revenue per CMAD for all cohort hospitals.

### Variation in inpatient discharge counts:

Hospitals may report different numbers of discharges on the Hospital Cost Report and the HDD. Hospitals have explained that this is due to:

- *Timing* – while HDD is accurate when submitted (75 days after the close of a quarter), a case may be reclassified as outpatient, usually due to a change in payer designation. Payers may have different clinical criteria for defining an inpatient and outpatient stay.
- *HDD edits* – discharges reported by the hospital that did not pass HDD edits may have been excluded from the HDD but included in the Hospital Cost Report;
- Payer classification/status differences between the Hospital Cost Report and HDD;

Since a hospital's case mix index is calculated using the HDD, which often includes a lower number of discharges than reported by the hospital on the Hospital Cost Report, the calculation of a hospital's total case mix adjusted discharges equals the number of discharges reported on the Hospital Cost Report, multiplied by the case mix index.

**Change in total outpatient revenue** measures a hospital's reported net revenue for outpatient services. Net outpatient service revenue includes both net outpatient revenue and outpatient premium revenue. Note that this measure examines the growth in total outpatient revenue and is not adjusted for patient volume, severity or service mix.

- **Data Sources:**  
Massachusetts Hospital Cost Report: Tab 5, Line 209, Column 1
- **Hospital index calculation:** Displays the percent change between each year, using FY15 as the base year.  
FY 2016: (FY 2016-FY 2015)/FY 2015, FY 2017: (FY 2017-FY 2015)/FY 2015, FY 2018: (FY 2018-FY 2015)/FY 2015, FY 2019: (FY 2019-FY 2015)/FY 2015.
- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example: Cohort for FY16= median of (% change for hospital A, % change for hospital B, % change for hospital C...)

## Acute Hospital Profiles: Financial Performance

**Total Revenue, Total Costs and Profit / Loss** measure the amount of the subject hospital's Total Revenue, Total Costs, and Total Profit or Loss for each year from 2015 through 2019.

- **Data Sources:** Financial Statements: Total Unrestricted Revenue, Operating Revenue, Non-Operating Revenue, Total Expenses, and Profit / Loss.

**Total Margin** measures the subject hospital's overall financial performance compared to the median total margin of the hospitals in its peer cohort.

- **Data Sources:** Financial Statements: Excess of Revenue, Gains, & Other Support divided by Total Unrestricted Revenue
- **Cohort Calculation:** Calculated median for the cohort group.

**Operating Margin** measures the subject hospital's financial performance of its primary, patient care activities compared to the median operating margin of the hospitals in its peer cohort.

- **Data Sources:** Financial Statements: Operating Revenue minus Total Expenses divided by Total Unrestricted Revenue
- **Cohort Calculation:** Calculated median for the cohort group.

**Note:** Hospitals may have been assigned to different cohorts in previous years due to payer mix in that given year or other factors. To remain consistent in comparisons between cohorts across multiple years, hospitals were retroactively assigned to their FY 2019 cohort designations for all years examined. The number of hospitals included in a given cohort may vary from year to year due to hospital closures.

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The acute hospital cohort profile measures the acute hospital cohorts as composites of the individual hospitals assigned to each cohort. In general, metrics were determined by aggregating the values of all hospitals assigned to the cohort. For comparison purposes, the individual cohorts are compared to one another and all hospitals statewide, including specialties.<sup>4</sup> The analytic metrics are largely the same as the metrics used for the individual hospital profiles, except as noted below. Please see the descriptions and calculation methods described in the Acute Hospital Metric Description section for more information.

**Inpatient Severity Distribution** measures the percentage of a cohort's discharges that falls into each statewide severity quintile. This metric provides a way to compare the severity levels of the cohort's patients to those of other acute hospitals in Massachusetts.

- **Data Source:** Hospital Discharge Database (HDD) as of June 2020.
- **Data Period:** FY 2019
- **Cohort Calculation:** Every discharge in the state has a Diagnosis Related Group (DRG) code associated with it. Severity quintiles were determined by ranking all possible DRG outputs by case-weight. The cohort calculation shows the percentage of a cohort's aggregate discharges that falls into each quintile. These proportions were then compared with the proportions of aggregated discharges by severity quintile for all hospitals assigned to other cohorts.

*In cases where metrics were similar to the acute hospital profile metrics, data was aggregated to determine cohort measures. For example:*

**The most common inpatient DRGs** for each subject cohort were determined by categorizing all of the hospitals' discharges by cohort using the All Patient Refined Grouper (3M™ APR-DRG 30), which were then summed and ranked. Each of the subject cohort's ten most frequently occurring DRGs were then divided by the statewide count per DRG to obtain the percent of discharges to the statewide total.

*The cohort comparison metric for **payer mix** is different from comparisons among acute hospitals:*

**Payer mix** was calculated differently from other measures due to the fact that the underlying charges that comprise GPSR differ across hospitals. For this measure, the cohort payer mix was first calculated for each hospital assigned to the cohort in the manner described in the Acute Hospital Profiles section of this Appendix. The mean of the individual cohort hospital's experience was determined and is displayed here. The same method was used to determine the trend in outpatient visits for comparison to all other cohort hospital.

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<sup>4</sup> Note that specialty hospitals are not assigned to any cohort due to their unique service mix and/or populations served.

## Non-Acute Hospital Location and Multi-Hospital System Affiliations

Non-acute hospitals in Massachusetts are typically identified as psychiatric, rehabilitation, chronic care facilities and state owned non-acute hospitals including department of mental health / public health hospitals.

The location for each non-acute hospital in this report was obtained, where possible, from hospital licensing information collected by DPH. The hospital license includes information on a hospital's campuses and satellite offices.

Multi-hospital system membership identifies the health system with which the subject non-acute hospital is a member. This information was derived from the hospital's Audited Financial Statements.

Below is a list of Massachusetts multi-hospital systems and their non-acute hospital members:

MULTI-HOSPITAL SYSTEM	NON-ACUTE HOSPITAL MEMBER
Acadia Healthcare	Haverhill Pavilion Southcoast Behavioral
Curahealth Hospitals	Curahealth Stoughton
Encompass	Encompass Braintree Rehabilitation Hospital Encompass Rehabilitation of Western MA Encompass Fairlawn Rehabilitation Hospital Encompass New England Rehabilitation Hospital
Partners Health Care System	McLean Hospital Spaulding Rehabilitation Hospital Boston Spaulding Rehabilitation Hospital Cape Cod Spaulding Hospital Cambridge
Signature Healthcare	Westborough Behavioral Healthcare Hospital
Steward Health Care System	New England Sinai Hospital
Vibra Healthcare	Vibra Hospital of Western MA Vibra New Bedford Rehabilitation Hospital
Universal Health Service	Arbour Hospital Arbour Fuller Arbour HRI Hospital Westwood Lodge Pembroke
Whittier Health System	Whittier Rehabilitation Hospital Bradford Whittier Rehabilitation Hospital Westborough

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## **Non-Acute Hospital Cohorts**

Non-acute hospitals were assigned to peer cohorts based upon MassHealth regulatory designations, defined by the criteria below<sup>5</sup>:

**Psychiatric hospitals** are licensed by the DMH for psychiatric services, and by DPH for substance abuse services.

**Rehabilitation hospitals** provide intensive post-acute rehabilitation services, such as physical, occupational, and speech therapy services. For Medicare payment purposes, the federal government classifies hospitals as rehabilitation hospitals if they provide more than 60% of their inpatient services to patients with one or more of 13 diagnoses listed in federal regulations.<sup>6</sup>

**Chronic care hospitals** are hospitals with an average length of stay greater than 25 days. These hospitals typically provide longer-term care, such as ventilator-dependent care. Medicare classifies chronic hospitals as Long-Term Care Hospitals, using the same 25-day threshold.

**Department of Mental Health Hospitals** are state owned non-acute hospital provides psychiatric and mental health care for those with otherwise limited access to facilities providing such care.

**Department of Public Health Hospitals** are multi-specialty hospitals that provides acute and chronic care to those for whom community facilities are not available or access to health care is restricted.

Non-acute specialty hospitals were not included in any cohort comparison analysis due the unique patient populations they serve and/or the unique sets of services they provide. Non-acute hospitals that were considered specialty hospitals include:

- AdCare Hospital of Worcester - provides substance abuse services
- Franciscan Hospital for Children - provides specialized children's services
- Hebrew Rehabilitation Hospital - specializes in providing longer term care than other chronic hospitals

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<sup>5</sup> State-owned non-acute hospitals are included in this publication started with the 2018 report.

<sup>6</sup> Code of Federal Regulations: 42 CFR 412.29(b)(2)

Below is a list of non-acute hospital cohorts and the hospitals assigned to each:

<b>COHORT DESIGNATION</b>	<b>NON-ACUTE HOSPITAL</b>
Psychiatric Hospitals	Arbour Hospital Arbour Fuller Memorial Arbour HRI Hospital Bournemouth Hospital Haverhill Pavillion McLean Hospital Southcoast Behavioral Hospital Taravista Health Center Walden Behavioral Care Westborough Behavioral Healthcare Hospital^ Westwood Lodge Pembroke
Rehabilitation Hospitals	Encompass Braintree Rehabilitation Hospital Encompass Fairlawn Rehabilitation Hospital Encompass Rehabilitation Hospital of Western MA Encompass New England Rehabilitation Hospital Spaulding Rehabilitation Hospital Boston Spaulding Rehabilitation Hospital Cape Cod Vibra New Bedford Rehabilitation Hospital Whittier Rehabilitation Hospital Bradford Whittier Rehabilitation Hospital Westborough
Chronic Care Hospitals	Curahealth Stoughton New England Sinai Hospital Spaulding Hospital Cambridge Vibra Hospital of Western MA
Specialty Non-Acute Hospitals	AdCare Hospital of Worcester Franciscan Hospital for Children Hebrew Rehabilitation Hospital
Department of Mental Health Hospitals	Cape Cod & Islands Community Mental Health Center Corrigan Mental Health Center Solomon Carter Fuller Mental Health Center Taunton State Hospital Worcester State Hospital
Department of Public Health Hospitals	Lemuel Shattuck Hospital Pappas Rehabilitation Hospital for Children Tewksbury Hospital Western Massachusetts Hospital

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**Total staffed beds** are the average number of beds during the fiscal year that were in service and staffed for patient use. Beds ordinarily occupied for less than 24 hours are usually not included.

**Percent occupancy rate** is the median percent of staffed inpatient beds occupied during the reporting period. Percentage of occupancy is calculated as follows: Inpatient Days divided by Weighted Average Staffed Beds times 365 (or the number of days in the reporting period).

**Total inpatient days** include all days of care for all patients admitted to each unit. Measure includes the day of admission but not the day of discharge or death. If both admission and discharge or death occur on the same day, the day is considered a day of admission and is counted as one patient day.

**Total inpatient discharge** information was sourced from Tab 3 of the Massachusetts Hospital Cost Report.

**Public payer mix** was determined based upon the hospital's reported GPSR. See Payer Mix metric description for more information.

**Total revenue** was sourced from the hospital's Hospital Cost Report.

**Inpatient – outpatient revenue** is derived from the amount of GPSR reported for inpatient and outpatient services in the hospital's Hospital Cost Report.

## Non-Acute Hospital Profiles: Services

**Types of inpatient services** are defined by Discharges.

- **Data Sources:**  
Massachusetts Hospital Cost Report: Tab 3, Column 5, Lines 1 to 19.
- **Hospital calculation:** Hospital's absolute count of discharges by specific bed type.
- **Cohort calculation:** Hospital's absolute discharge count divided by cohort's total discharges by that specific bed type.

**Payer Mix** measures the distribution of total GPSR for across the major payer categories. This provides information regarding the proportion of services, as measured by gross charges, which a hospital provides to patients from each category of payer.

- **Data Sources:**  
Massachusetts Hospital Cost Report: Tab 5, Line 302, Col 2 through 13
- **Payer Category Definitions:** State Programs = Medicaid Managed + Medicaid Non-Managed + Health Safety Net (HSN); Federal Programs = Medicare Managed + Medicare Non-Managed + Other Government; Commercial & Other = Managed Care + Non-Managed Care + Self Pay + Workers Comp + Other + Connector Care. Dividing each of the above by Total GPSR results in the percentages displayed for each of the three categories.
- **Cohort Calculation:** Displays the mean of the percentages in each of the above payer categories across all hospitals in the cohort.

- **Average Hospital Calculation:** Displays the mean of the percentages in each of the payer categories to get each of the component percentages for the average non-acute hospital.
  - Note: “Average Hospital” group includes specialty hospitals.

**Change in Volume of Inpatient Days** includes all days of care for all patients admitted to each unit. Measure includes the day of admission but not the day of discharge or death. If both admission and discharge or death occur on the same day, the day is considered a day of admission and is counted as one patient day.

- **Data Sources:**  
Massachusetts Hospital Cost Report: Tab 3, Column 4, Line 500
- **Hospital Index calculation:** Calculated percent change in Inpatient Days for each year, using FY 2015 as the base year. FY 2016:  $(FY\ 2016 - FY\ 2015) / FY\ 2015$ , FY 2017:  $(FY\ 2017 - FY\ 2015) / FY\ 2015$ , FY 2018:  $(FY\ 2018 - FY\ 2015) / FY\ 2015$ , FY 2019:  $(FY\ 2019 - FY\ 2015) / FY\ 2015$ .
- **Cohort calculation:** Represents the median of the percent change across all hospitals in the cohort for each year. For example Cohort for FY16 = median of (% change for hospital A, % change for hospital B, % change for hospital C...)

**Median Average Length of Stay (ALOS)** measures the average duration of an inpatient admission.

- **Data Sources:**  
Massachusetts Hospital Cost Report: Tab 3, Column 8, Line 500
- **Cohort calculation:** The growth in median ALOS for each cohort is calculated relative to FY 2015 as the base year. FY 2016:  $(FY\ 2016 - FY\ 2015) / FY\ 2015$ , FY 2017:  $(FY\ 2017 - FY\ 2015) / FY\ 2015$ , FY 2018:  $(FY\ 2018 - FY\ 2015) / FY\ 2015$ , FY 2019:  $(FY\ 2019 - FY\ 2015) / FY\ 2015$ .
- This is plotted against the growth in median ALOS among all non-acute hospitals, including specialties, relative to FY 2015.

## Non-Acute Hospital Profiles: Utilization

**Volume of Inpatient Days** includes all days of care for all patients admitted to each unit. Measure includes the day of admission but not the day of discharge or death. If both admission and discharge or death occur on the same day, the day is considered a day of admission and is counted as one patient day.

- **Data Sources:**  
Massachusetts Hospital Cost Report: Tab 3, Column 4, Line 500

**Average Length of Stay (ALOS)** measures the average duration of an inpatient admission.

- **Data Sources:**  
Massachusetts Hospital Cost Report: Tab 3, Column 8, Line 500

**Volume of Outpatient Visits** measures the total outpatient visits to a hospital.



- **Data Sources:**  
Massachusetts Hospital Cost Report: Tab 5, Column 1, Line 301

## Non-Acute Hospital Profiles: Patient Revenue Trends

**Inpatient Revenue per Day** is the hospital's net inpatient service revenue (NPSR) divided by its total inpatient days.

- **Data Sources:**  
Massachusetts Hospital Cost Report: NPSR including premium revenue was sourced from Tab 5, Column 1, Line 208. Inpatient days were sourced from Tab 5, Column 1, Line 300.

**Total Outpatient Revenue** measures a hospital's reported net revenue for outpatient services. Note that this measure examines the growth in total outpatient revenue and is not adjusted for patient volume. In addition, several non-acute hospitals do not provide outpatient services.

- **Data Sources:**  
Massachusetts Hospital Cost Report: Tab 5, Line 209 (outpatient NPSR including premium revenue)

## Non-Acute Hospital Profiles: Financial Performance

**Operating Revenue, Total Revenue, Total Costs and Profit / Loss** displays the amount of each hospital's Total Revenue, Operating Revenue, Total Costs, and Total Profit or Loss.

- **Data Sources:**  
Massachusetts Hospital Cost Report, Tab 11, Column 1, Total Unrestricted Revenue (Row 65), Total Expenses (Row 73), and Profit / Loss: (Row 74).

**Total Margin** measures the subject hospital's overall financial performance.

- **Data Sources:**  
Massachusetts Hospital Cost Report, Tab 11, Column 1, Line 74 (Excess of Revenue, Gains & other support Over Expenses) divided by Tab 11, Column 1, Line 65 (Total Unrestricted Revenue, Gains and Other Supports)

**Note:** Some for-profit hospitals are organized as S corporations. For-profit entities that are organized as S corporations, in accordance with Internal Revenue Code, do not pay federal income tax on their taxable income. Instead, the shareholders are liable for individual federal income taxes on their portion of the hospital's taxable income. Therefore, these hospitals may have income that appears higher than hospitals organized as a C corporation, which are taxed separately from their owners.

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## Appendix A: Acute Hospitals

**Baystate Mary Lane** hospital merged with Baystate Wing hospital in FY 2016.

**Beth Israel Lahey Health** formed in March, 2019 including the following Hospitals: **Addison Gilbert Hospital** (Northeast), **Anna Jaques Hospital**, **BayRidge Hospital** (Northeast), **Beth Israel Deaconess Hospital – Milton**, **Beth Israel Hospital – Needham**, **Beth Israel Hospital – Plymouth**, **Beth Israel Deaconess Medical Center**, **Beverly Hospital** (Northeast), **Lahey Hospital & Medical Center**, **Lahey Medical Center**, **Peabody**, **Mount Auburn Hospital**, **New England Baptist Hospital**, and **Winchester Hospital**. This will be reflected in future reports.

### **Boston Children’s Hospital**

The top 10 drgs and the case mix for FY19 were supplied by the hospital because the information from the HDD was incorrect and it could not be corrected in time for this publication.

### **Boston Medical Center**

Outpatient metrics for Boston Medical Center (BMC) include information for the following freestanding community health centers:

1. East Boston Neighborhood Health Center
2. Codman Square Health Center
3. Dorchester House Multi-Service Center
4. South Boston Community Health Center

### **Boston Medical Center**

The supplement payments from federal and state support are included in Net Patient Service Revenue (NPSR) in the calculation of Inpatient Net Patient Service Revenue per Case Mix Adjusted Discharge (CMAD).

### **Boston Medical Center**

The FY2019 cost report includes the physician charges as does the FY2018 cost report. Physician charges were not included in the Gross Patient Service Revenue (GPSR), Net Patient Service Revenue (NPSR), expenses or statistics of the cost reports in the prior years.

### **Cambridge Health Alliance**

Cambridge Health Alliance receives substantial supplement payments from federal and state support. These supplement payments are not included in NPSR in the calculation of Inpatient Net Patient Service Revenue (NPSR) per Case Mix Adjusted Discharge (CMAD).

**Clinton Hospital** merged with HealthAlliance Hospital effective October 1, 2017 to become HealthAlliance-Clinton Hospital.

**Harrington Memorial Hospital** and parent Harrington Healthcare System are planning to join UMass Memorial Healthcare pending regulatory approval.

**Massachusetts Eye and Ear Infirmary** joined Partners Healthcare (Now Mass General Brigham) effective April 1, 2018.

**MelroseWakefield Hospital** was formally Hallmark Health.

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**MetroWest Medical Center** started including ancillary visits in outpatient visits in FY2015. Ancillary visits are consistently included in outpatient visits in the following years.

**North Adams Regional Hospital** announced on March 25, 2014 a closure of the hospital and related health care businesses effective March 28, 2014. The hospital building is now operating as a satellite emergency department for Berkshire Medical Center.

**Noble Hospital** was acquired by Baystate Health in June 2015. Noble Hospital was renamed Baystate Noble Hospital.

**Partners Health Care** announced in November 2019 that it will change its name to Mass General Brigham.

**Quincy Medical Center** closed on December 26, 2014. The hospital building is now operating as a satellite emergency department for Steward Carney Hospital.

**Steward Health Care's** hospitals did not provide their audited financial statements, therefore the financial data is as reported or filed.

**Shriners Hospitals for Children** (both Boston and Springfield locations) began submitting data to CHIA in FY11.

**South Shore Hospital** reported revenue and total margin data for FY2015 that includes approximately \$29 million in a non-operating, nonrecurring sale of investments transaction.

**Wellforce** - On October 20, 2014, **Tufts Medical Center** and **Lowell General Hospital** combined under a new parent company (**Wellforce**) and created a new multi-acute hospital system. **Hallmark Health** joined Wellforce in FY2017.

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## Appendix B: Non-Acute Hospitals

**Bournewood Hospital:** A sub-chapter S corporation.

**Curahealth Hospitals:** All the Kindred Hospitals in Massachusetts were bought by Curahealth Hospitals in the Fall of 2016. Curahealth Boston and North Shore subsequently closed after approximately a year into new ownership. Curahealth Stoughton remains open.

**Haverhill Pavilion:** Buyer of Whittier Pavilion in 2019. Outpatient Services closed,

**High Point Hospital** is a new psychiatric hospital opened in 2016 and closed in 2019.

**Hospital for Behavioral Medicine** New psychiatric hospital opened in FY19 with first data reporting FY20.

**Radius Specialty Hospital** closed its Roxbury and Quincy rehabilitation facilities in October 2014

**Solomon Carter Fuller Mental Health Center** Self pay revenue for 22-64 IMD service is grouped as state program revenue

**Southcoast Behavioral Hospital** is a new psychiatric hospital opened in 2016.

**Spaulding Hospital Cambridge:** As of 2013, Spaulding Hospital Cambridge no longer provides Outpatient services.

**Spaulding North Shore** discontinued inpatient operations as of July 31, 2015 and subsequently closed.

**Taravista Health Center** is a new psychiatric hospital opened in 2017.

**Taunton State Hospital** Self pay revenue for 22-64 IMD service is grouped as state program revenue

**Westborough Behavioral Healthcare Hospital** is a new psychiatric hospital opened in 2017 first data reporting FY18.

**Westwood Lodge Pembroke Hospital,** Westwood Hospital was closed by the Department of Mental Health on 8/25/2017, the Pembroke Hospital site remains open.

**Whittier Pavilion** began providing outpatient services in FY14. FY14 outpatient data represents a partial year of operation for these services. Sold to Haverhill Pavilion in 2019.

**Worcester State Hospital** Self pay revenue for 22-64 IMD service is grouped as state program revenue

## Appendix C: Diagnosis Related Groups

**Diagnosis Related Groups (DRGs)** are used to classify the patient illnesses a hospital treats.

The 10 most common DRGs for each hospital were determined by categorizing all of a hospital's discharges into DRGs defined in the All Patient Refined Grouper (3M™ APR-DRG 30) and ranked by the total number of discharges. In most cases, it was necessary for CHIA to abbreviate the DRG name in order to fit the space available.

Below is a list of abbreviated DRG descriptions that appear in the report, and the full name and APR-DRG 30 code for each DRG.

ABBREVIATED DESCRIPTION	DESCRIPTION	APR DRG V.30
3rd Degree Brn w Skn Gft	Extensive 3rd Degree Burns w Skin Graft	841
Acute Leukemia	Acute Leukemia	690
Acute Myocardial Infarct.	Acute Myocardial Infarction	190
Adjust Dis/Neuroses exc DD	Adjustment Disorders & Neuroses Except Depressive Diagnoses	755
Alcohol & Drug w/ Rehab	Alcohol & Drug Dependence w Rehab Or Rehab/Detox Therapy	772
Alcohol Abuse & Dependence	Alcohol Abuse & Dependence	775
Angina Pectoris	Angina Pectoris & Coronary Atherosclerosis	198
Appendectomy	Appendectomy	225
Asthma	Asthma	141
Bacterial Skin Infections	Cellulitis & Other Bacterial Skin Infections	383
Bipolar Disorders	Bipolar Disorders	753
Bone Marrow Transplant	Bone Marrow Transplant	3
Bronchiolitis & RSV Pneumonia	Bronchiolitis & RSV Pneumonia	138
Burns w/ or w/o Skin Gft	Partial Thickness Burns w Or w/o Skin Graft	844
C. Spinal Fusion & Other Procs	Cervical Spinal Fusion & Other Back/Neck Proc Exc Disc Excis/Decomp	321
Card Cath - Heart Disease	Cardiac Catheterization For Ischemic Heart Disease	192
Cardiac Arrhythmia	Cardiac Arrhythmia & Conduction Disorders	201
Cardiac Valve w/o Cath	Cardiac Valve Procedures w/o Cardiac Catheterization	163
CC W Circ Disord Exc IHD	Cardiac Catheterization W Circ Disord Exc Ischemic Heart Disease	191
Cesarean Delivery	Cesarean Delivery	540
Chemotherapy	Chemotherapy	693
Chest Pain	Chest Pain	203

ABBREVIATED DESCRIPTION	DESCRIPTION	APR DRG V.30
Cleft Lip & Palate Repair	Cleft Lip & Palate Repair	95
COPD	Chronic Obstructive Pulmonary Disease	140
Craniotomy; exc Trauma	Craniotomy Except For Trauma	21
CVA Occlusion w/ Infarct	CVA & Precerebral Occlusion W Infarct	45
D&L Fusion exc Curvature	Dorsal & Lumbar Fusion Proc Except For Curvature Of Back	304
D&L Fusion for Curvature	Dorsal & Lumbar Fusion Proc For Curvature Of Back	303
Degen Nrvs Syst exc MS	Degenerative Nervous System Disorders Exc Mult Sclerosis	42
Depression exc MDD	Depression Except Major Depressive Disorder	754
Digestive Malignancy	Digestive Malignancy	240
Diverticulitis/osis	Diverticulitis & Diverticulosis	244
Drug/Alcohol Abuse, LAMA	Drug & Alcohol Abuse Or Dependence, Left Against Medical Advice	770
Eye Procs except Orbit	Eye Procedures Except Orbit	73
Factors Infl Hlth Status	Signs, Symptoms & Other Factors Influencing Health Status	861
Foot & Toe Procedures	Foot & Toe Procedures	314
Full Burns w/ Skin Graft	Full Thickness Burns w Skin Graft	842
Hand & Wrist Procedures	Hand & Wrist Procedures	316
Heart Failure	Heart Failure	194
Hip & Femur; Non-Trauma	Hip & Femur Procedures For Non-Trauma Except Joint Replacement	309
Hip Joint Replacement	Hip Joint Replacement	301
Infects - Upper Resp Tract	Infections Of Upper Respiratory Tract	113
Intervertebral Disc Excis	Intervertebral Disc Excision & Decompression	310
Intestinal Obstruction	Intestinal Obstruction	247
Kidney & UT Infections	Kidney & Urinary Tract Infections	463
Knee & Lower Excpt Foot	Knee & Lower Leg Procedures Except Foot	313
Knee Joint Replacement	Knee Joint Replacement	302
Lymphoma & Non-Acute Leuk	Lymphoma, Myeloma & Non-Acute Leukemia	691
Maj Cranial/Facial Bone	Major Cranial/Facial Bone Procedures	89
Maj HEM/IG Dx exc SC	Major Hematologic/Immunologic Diag Exc Sickle Cell Crisis & Coagul	660
Maj Larynx & Trachea Proc	Major Larynx & Trachea Procedures	90
Maj Male Pelvic Procs	Major Male Pelvic Procedures	480
Maj Resp & Chest Proc	Major Respiratory & Chest Procedures	120

ABBREVIATED DESCRIPTION	DESCRIPTION	APR DRG V.30
Maj Resp Infect & Inflam	Major Respiratory Infections & Inflammations	137
Maj Sml & Lrg Bowel Procs	Major Small & Large Bowel Procedures	221
Maj. Depressive Disorders	Major Depressive Disorders & Other/Unspecified Psychoses	751
Malignancy- Hept/Pancreas	Malignancy Of Hepatobiliary System & Pancreas	281
Mastectomy Procedures	Mastectomy Procedures	362
Normal Neonate Birth	Neonate Birthwt>2499G, Normal Newborn or Neonate w Other Problem	640
Non-Bact Gastro, Nausea	Non-Bacterial Gastroenteritis, Nausea & Vomiting	249
O.R. Proc for Tx Comp	O.R. Procedure For Other Complications Of Treatment	791
Opioid Abuse & Dependence	Opioid Abuse & Dependence	773
Org Mental Hlth Disturb	Organic Mental Health Disturbances	757
Other Anemia and Blood Dis	Other Anemia & Disorders of Blood & Blood-Forming Organs	663
Other Antepartum Dxs	Other Antepartum Diagnoses	566
Other Digestive System Dx	Other Digestive System Diagnoses	254
Other ENT & Cranial Dxs	Other Ear, Nose, Mouth, Throat & Cranial/Facial Diagnoses	115
Other ENT Procedures	Other Ear, Nose, Mouth & Throat Procedures	98
Other Nervous Syst Procs	Other Nervous System & Related Procedures	26
Other Pneumonia	Other Pneumonia	139
Other Resp & Chest Procs	Other Respiratory & Chest Procedures	121
Othr Back & Neck Disorder	Other Back & Neck Disorders, Fractures & Injuries	347
Othr Maj Head/Neck procs	Other Major Head & Neck Procedures	91
Othr Muscl Sys & Tis Proc	Other Musculoskeletal System & Connective Tissue Procedures	320
Othr Muscl Sys & Tis Dx	Other Musculoskeletal System & Connective Tissue Diagnoses	351
Othr O.R. Procs for Lymph/HEM	Other O.R. Procedures For Lymphatic/Hematopoietic/Other Neoplasms	681
Othr Skin & Breast Dis	Other Skin, Subcutaneous Tissue & Breast Disorders	385
Othr Skin, Tis & Rel Procs	Other Skin, Subcutaneous Tissue & Related Procedures	364
Pancreas Dis exc Malig	Disorders Of Pancreas Except Malignancy	282
Per Cardio procs w/ AMI	Percutaneous Cardiovascular Procedures w AMI	174
Per Cardio procs w/o AMI	Percutaneous Cardiovascular Procedures w/o AMI	175

ABBREVIATED DESCRIPTION	DESCRIPTION	APR DRG V.30
Post-Op, Oth Device Infect	Post-Operative, Post-Traumatic, Other Device Infections	721
Procedures for Obesity	Procedures For Obesity	403
Proc W Diag Of Rehab, Aftercare	Procedure W Diag of Rehab, Aftercare or Other Contact W Health Service	850
Pulm Edema & Resp Failure	Pulmonary Edema & Respiratory Failure	133
Rehabilitation	Rehabilitation	860
Renal Failure	Renal Failure	460
Respiratory Malignancy	Respiratory Malignancy	136
Schizophrenia	Schizophrenia	750
Seizure	Seizure	53
Septicemia Infections	Septicemia & Disseminated Infections	720
Shoulder & Arm Procs	Shoulder, Upper Arm & Forearm Procedures	315
Sickle Cell Anemia Crisis	Sickle Cell Anemia Crisis	662
Skin Graft for Skin Dxs	Skin Graft For Skin & Subcutaneous Tissue Diagnoses	361
Syncope & Collapse	Syncope & Collapse	204
Tendon, Muscle, Soft Tis	Tendon, Muscle & Other Soft Tissue Procedures	317
Thyroid & Other Procs	Thyroid, Parathyroid & Thyroglossal Procedures	404
Vaginal Delivery	Vaginal Delivery	560



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## Appendix D: Special Public Funding

The Health Care Innovation Investment (HCII) program is a unique opportunity for Massachusetts providers, health plans, and their partners to implement innovative models that deliver better health and better care at a lower cost. Chapter 224 of the Acts of 2012, the state's landmark cost containment law, established this competitive investment program to support health care innovation and transformation.

The Community Hospital Reinvestment Trust Fund (CHRTF) provides funding to acute care hospitals to pay for independent operational or financial audits to identify investment opportunities that will increase the hospital's sustainability and efficiency.



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